



SHUBHAM ULTRASOUND & A.L.C. ADVANCE IMAGING DIAGNOSTICS

(A Unit of P.K.Arogyam Health & Wellness Center)

E-95, P.C. Colony, Near Sai Netryalaya Transformer, Kankarbagh, Patna - 20

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

2. Khanpura Road (Below Gyan Sharowar School), Paliganj, Patna. 3. Arwal Patna Aurangabad main road, Near Police Thana, Arwal.

e-mail : shubham.pat.usg@gmail.com

website : www.alhealthcheckup.in

OPINION MUST BE CORRELATES WITH CLINICALLY & OTHER INVESTIGATION FOR FINAL DIAGNOSIS. NOT FOR MEDICO LEGAL PURPOSE

Pt. Name :- **CHANDRA BHUSHAN RAI**
Ref. By :- **DR. / AAROGYAM**

Date:- **28-Aug-21**
Age / Sex – **Yrs. M.**

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

(Report.)

- LIVER** :- Measures 15.56 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 7.2 mm in diameter. Appears normal. No thrombus seen.
- PANCREAS** :- Normal in shape, size and echo texture. No calcification mass seen.
- SPLEEN** :- Measures 12.20 cm. Mild Enlarged 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 10.47 X 4.1 cm.
Left Kidney :- Measures 10.51 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 – 280 ml. Post void – is in significant
- PROSTATE** :- Measures 15 gms.(approx). Appears Normal in size, shape, and echo texture. No calcification, mass, growth seen. 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 Hepatosplenomegaly**
- **Adv:- further work up other investigation**

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e
28/8/21

ESTB BY:-

Dr. P. K. Tiwari
MD, BRIT (Radio Imaging)
Consultant Imagiologist

Dr. S. Kumar
MD (Pat)
Consultant Pathologist

Dr. Abhishek Kumar
MBBS, MD
Consultant Neuropatho Physiologist

Dr. Anjali
MBBS, MD
Consultant (TMT, EEG Specialist)

Dr. Kumari Suman
MBBS, DGO, MD
Consultant (TVS & HSG Specialist)

Consultant Radiologist

PRINTING MISTAKE SHOULD BE REPORTED BACK IMMEDIATELY/ यहाँ जन्म से पहले भुण का लिंग जाँच नहीं होता है ।

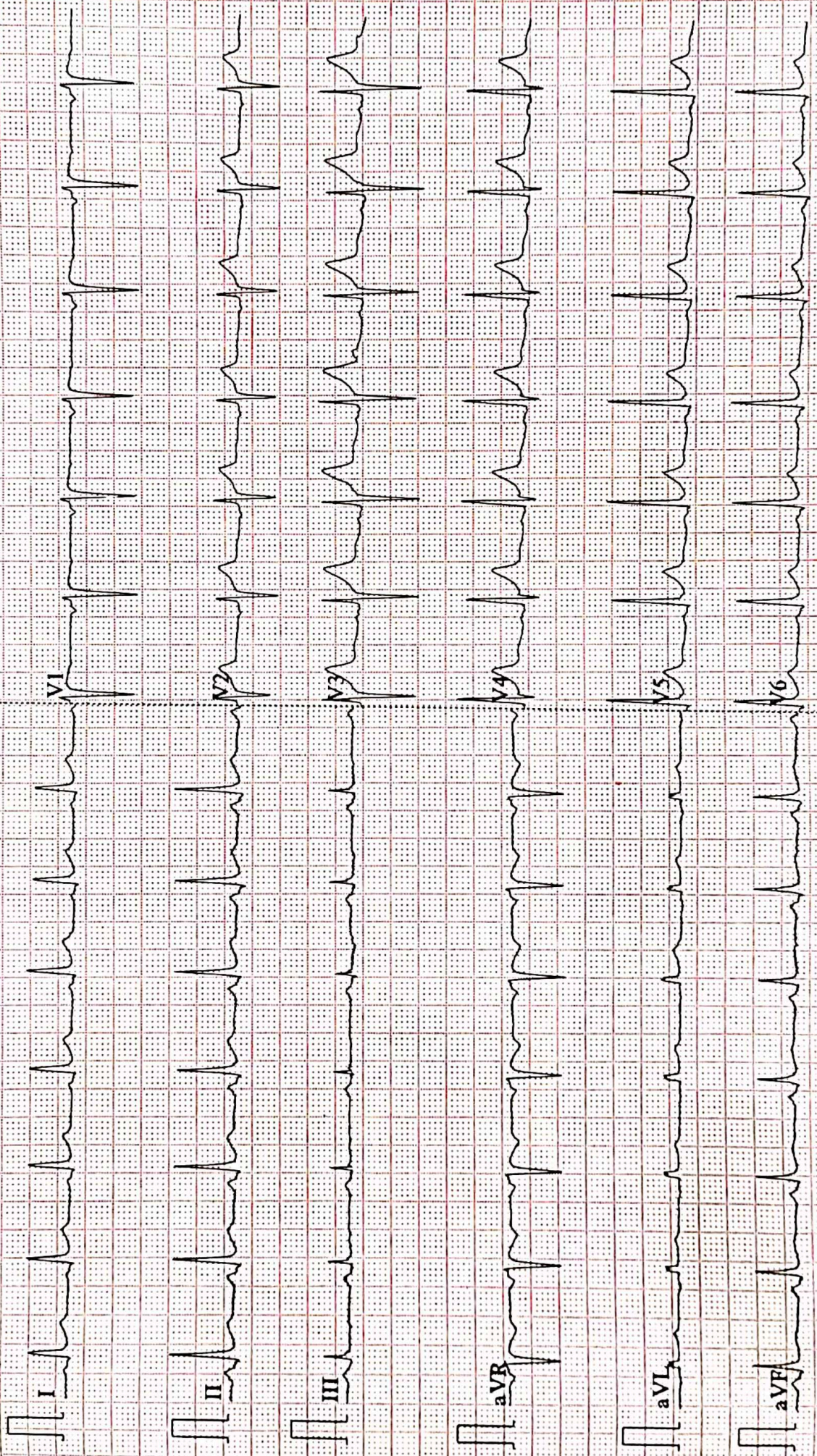
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CHANDRA BHUSHAN ROY
Male 36Years

HR : 85 bpm
P : 91 ms
PR : 129 ms
QRS : 92 ms
QT/QTc : 330/393 ms
P/QRS/T : 69/47/27 °
RV5/SV1 : 1.433/1.156 mV

Diagnosis Information:
Sinus Rhythm
Larged PtfV1

Report Confirmed by:





ISO 9001 : 2015

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9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Date	28/08/2021	Srl No.	28	Patient Id	2108280028
Name	Mr. CHANDRA BHUSHAN ROY	Age		Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.2	%	
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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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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.8	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,000	/cumm	6000 - 18000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	68	%	40 - 75
LYMPHOCYTE	28	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	3.68	Millions/cmm	3.9 - 5.1
P.C.V / HAEMATOCRIT	35.4	%	40 - 54
M C V	96.2	fl.	80 - 100
M C H	32.07	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.62	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	95.1	mg/dl	70 - 110
SERUM CREATININE	0.97	mg%	0.7 - 1.4
BLOOD UREA	21.8	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.3	mg%	3.4 - 7.0

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	0.61	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.15	mg/dl	0.00 - 0.25
UNCONJUGATED (I.D.Bilirubin)	0.46	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.0	gm/dl	6.6 - 8.3
ALBUMIN	3.8	gm/dl	3.4 - 4.8
GLOBULIN	3.2	gm/dl	2.3 - 3.5
A/G RATIO	1.188		
SGOT	31.3	IU/L	5 - 40
SGPT	34.9	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	76.2	U/L	40.0 - 130.0
GAMMA GT	24.5	IU/L	8.0 - 71.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	81.7	mg/dL	40.0 - 165.0
TOTAL CHOLESTEROL	104.6	mg/dL	123.0 - 199.0



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Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	44.5	mg/dL	40.0 - 79.4
V L D L	16.34	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	43.76	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.351		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	0.983		0.00 - 3.55
THYROID PROFILE			
T3	0.94	ng/ml	0.60 - 1.81
T4	9.86	ug/dl	4.5 - 10.9
Chemiluminescence			
TSH	2.68	uIU/ml	
Chemiluminescence			
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	15	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.030	
PH	6.0	

CHEMICAL EXAMINATION

ALBUMIN	NIL
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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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