

(16) 2.04/1

भारत सरकार
GOVERNMENT OF INDIA

रंजीता कुमारी
Ranjeeta Kumari
जन्म तिथि/DOB: 15/12/1993
महिना / FEMALE

2908 4252 0827

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
(BIOMETRIC IDENTIFICATION AUTHORITY OF INDIA)

पता:
संबोधित: महेंद्र प्रसाद,
बांदगारी रोड लेन न-2,
नज़दीक आनन्द बाय शिव
मन्दिर, सम्पतनक, गटना,
बिहार - 800020

Address:
G/O Mahendra Prasad,
CHANDMARI ROAD LANE NO-2,
NEAR ANAND NATH SHIV
MANDIR, Sampatnuk, Patna,
Bihar - 800020

2908 4252 0827

Aadhaar-Aam Admi ka Adhikar



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ID: 168

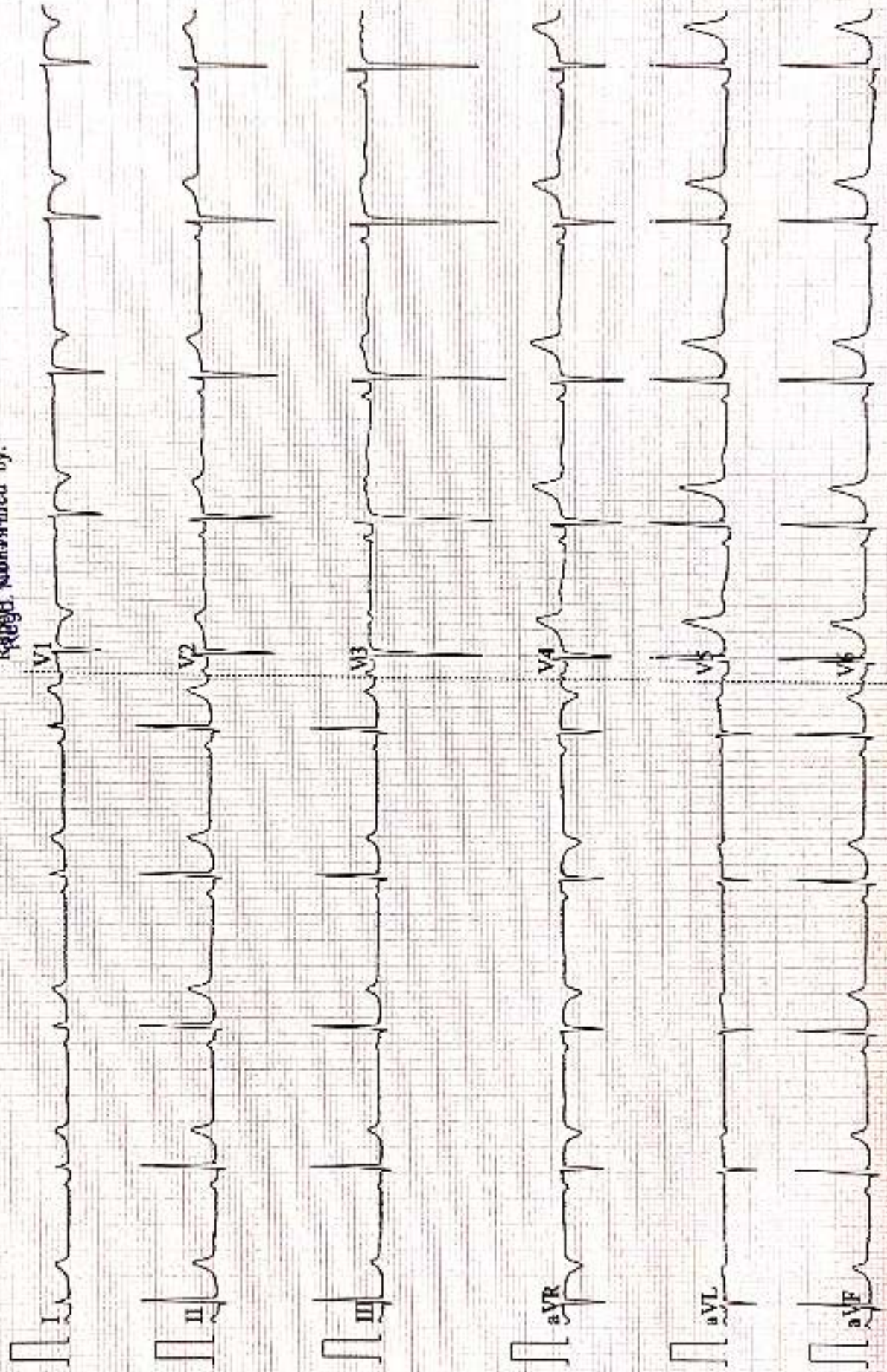
RANJEETA KUMARI
Female 30Years

16-11-2024 10:25:15 AM

HR : 57 bpm
 P : 76 ms
 PR : 139 ms
 QRS : 81 ms
 QT/QTc : 403/393 ms
 P-QRST : 54/78/56 °
 RV5/SV1 : 1.367/0.823 mV

Diagnosis Information:
 Sinus Bradycardia with Sinus Arrhythmia

DR. RAMAN
 Registrar
 Registered Non-Specialist by:



Patient Name	RANJEETA KUMARI	Date	16-11-2024
Age/Sex	30/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





Name :- Ranjeeta Kumari
Refd by :- Dr. Corp

Age/Sex:- 30Yrs/F
Date :-16/11/24

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size (11.1cm) 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 (9.5cm) 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 9.8cm and Left Kidney measures 10.2cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder** :- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.7cm x 3.7cm) and anteverted in position with normal myometrial echotexture and endometrial thickness. ET-5.8mm
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 28mm x 18mm and Left ovary measures 30mm 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:- *Normal scan of Abdomen.*

Dr. Arun Kumar
MBBS, DMRD (Radio-Diagnosis)
Consultant Radiologist



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(A UNIT OF CULPAM HEALTH CARE PVT.LTD.)

F-41, P.C. Colony, Opp. Madhuban Complex,
Near Malahi Pakari Chowk, Kankarbagh, Patna-20
9264278360, 9065875700, 8789391403
info@aarogyamdiagnostics.com
www.aarogyamdiagnostics.com

Ramjeeta

Ramadev

Age - 29 years

Go DV, MV (AD)

Ag
S. K. S. S. S. S.
S. S. S. S. S. S.
S. S. S. S. S. S.

Ag
S. S. S. S. S.

MV - AB

CV - (AD)





Lab Facility : Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat
Phone: +91-79-49006800 | WhatsApp: 6356009200 | Email: info@unipath.in | Website: www.unipath.in
Regd. Office : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
CIN: U85195GJ2009PLC057059



41104100319

TEST REPORT

Reg.No : 41104100319	Reg.Date : 17-Nov-2024 15:51	Collection : 17-Nov-2024 15:51
Name : RANJEETA KUMARI		Received : 17-Nov-2024 15:51
Age : 30 Years	Sex : Female	Report : 17-Nov-2024 17:00
Referred By : AROGYAM DIAGNOSTICS @ PATNA		Dispatch : 17-Nov-2024 17:21
Referral Dr : F	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CIMIA</small>	0.80	ng/ml	0.70 - 2.04
T4 (Thyroxine), Total <small>CIMIA</small>	8.22	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CIMIA</small>	H 5.078	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 stimulates the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamic) 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. Brice, 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)
G-21793

Dr. Chandani Dangarasia

MBBS, D-PS
Page 1 of 1 Reg. No. - G-1060



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F- 41, PC Colony, Dp, Madhuban Complex,
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9254278360, 9003875700, 2789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Date	16/11/2024	Srl No.	6	Patient Id	2411160006
Name	Mrs. RANJEETA KUMARI	Age	30 Yrs.	Sex	F
Ref. By	Dr.MEDIWHEEL				

Test Name	Value	Unit	Normal Value
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BOB

HBA1C	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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Date 16/11/2024

Name Mrs. RANJEETA KUMARI

Ref. By Dr.MEDIWHEEL

Srl No. 6

Age 30 Yrs.

Patient Id 2411160006

Sex F

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.9	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	8,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	58	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	06	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN'S METHOD)	18	mm/1st hr.	0 - 20
R B C COUNT	3.88	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	35.7	%	35 - 45
M C V	92.01	fl.	80 - 100
M C H	30.67	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.18	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	'B'		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	78.5	mg/dl	70 - 110
SERUM CREATININE	0.63	mg%	0.5 - 1.3
BLOOD UREA	16.1	mg /cl	15.0 - 45.0
SERUM URIC ACID	3.77	mg%	2.5 - 6.0

LIVER FUNCTION TEST (LFT)



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Date 16/11/2024

Name Mrs. RANJEETA KUMARI

Ref. By Dr.MEDIWHEEL

Srl No. 6

Age 30 Yrs.

Patient Id 2411160006

Sex F

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.83	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.26	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.57	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.13	gm/dl	6.6 - 8.3
ALBUMIN	4.38	gm/dl	3.4 - 5.2
GLOBULIN	2.75	gm/dl	2.3 - 3.5
A/G RATIO	1.593		
SGOT	27.5	IU/L	5 - 35
SGPT	11.3	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	68.9	U/L	35.0 - 104.0
GAMMA GT	22.8	IU/L	6.0 - 42.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	85.1	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	117.8	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	49.5	mg/dL	35.1 - 88.0
V L D L	17.02	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	51.28	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.38		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.036		0.00 - 3.55
THYROID PROFILE QUANTITY	20	ml.	



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Name	Mrs. RANJEETA KUMARI	Age	30 Yrs.	Sex	F
Ref. By	Dr.MEDIWHEEL				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
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 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.



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Name	Mrs. RANJEETA KUMARI	Age	30 Yrs.	Sex	F
Ref. By	Dr.MEDIWHEEL				

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 ****

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