



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

9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Date	13/10/2021	Srl No.	22	Patient Id	2110130022
Name	Mrs. JANKI KUMARI	Age	50 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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## HAEMATOLOGY

HB A1C	5.4	%	
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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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<b>Ref. By</b> Dr.BOB		

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.4	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,800	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	68	%	40 - 75
LYMPHOCYTE	27	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN`s METHOD)	13	mm/1st hr.	0 - 20
R B C COUNT	4.51	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	40.2	%	35 - 45
M C V	89.14	fl.	80 - 100
M C H	29.71	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.63	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		

\*\*\*\* End Of Report \*\*\*\*

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**MBBS, MD**  
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<b>Name</b>	<b>Mrs. JANKI KUMARI</b>	<b>Age</b>	<b>50 Yrs.</b>	<b>Sex</b>	<b>F</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
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### BIOCHEMISTRY

BLOOD SUGAR FASTING	<b>120.6</b>	mg/dl	70 - 110
SERUM CREATININE	0.81	mg%	0.5 - 1.3
BLOOD UREA	26.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	2.6	mg%	2.5 - 6.0

### LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.3	gm/dl	6.6 - 8.3
ALBUMIN	3.8	gm/dl	3.4 - 4.8
GLOBULIN	3.5	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.086</b>		
SGOT	27.2	IU/L	5 - 35
SGPT	29.6	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	<b>123.7</b>	U/L	35.0 - 104.0
GAMMA GT	25.7	IU/L	6.0 - 42.0

### **LFT INTERPRET**

### LIPID PROFILE

TRIGLYCERIDES	92.7	mg/dL	40.0 - 165.0
TOTAL CHOLESTEROL	<b>116.5</b>	mg/dL	123.0 - 199.0



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

Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	53.08	mg/dL	40.0 - 79.4
V L D L	18.54	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	<b>44.88</b>	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.195		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	0.846		0.00 - 3.55
<b>THYROID PROFILE</b>			
T3	1.21	ng/ml	0.60 - 1.81
T4 Chemiluminescence	10.56	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.262	ulu/ml	
<b>REFERENCE RANGE</b>			
<b>PAEDIATRIC AGE GROUP</b>			
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	
<b>ADULTS</b>	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 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.
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.

### **STOOL EXAMINATION**

#### STOOL ROUTINE & MICROSCOPY

##### PHYSICAL EXAMINATION

COLOUR/ APPEARANCE	BROWNISH
CONSISTENCY	SEMI-FORMED
PUS	NIL
MUCUS	NIL
BLOOD	NIL



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**CHEMICAL REACTION**

REACTION ACIDIC

**MICROSCOPY EXAMINATION**

PUS CELLS 2-3  
 RBC'S NIL  
 OVA NIL  
 CYST NIL  
 BACTERIA NIL  
 OTHERS NIL

**URINE EXAMINATION TEST**

**PHYSICAL EXAMINATION**

QUANTITY 15 ml.  
 COLOUR PALE YELLOW  
 TRANSPARENCY CLEAR  
 SPECIFIC GRAVITY 1.030  
 PH 6.0

**CHEMICAL EXAMINATION**

ALBUMIN NIL  
 SUGAR NIL

**MICROSCOPIC EXAMINATION**

PUS CELLS 0-1 /HPF



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Test Name	Value	Unit	Normal Value
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	0-1	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

\*\*\*\* End Of Report \*\*\*\*

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