



# GOVERNMENT OF INDIA भारत सरकार

पुरुष / Male Pallaw Kumar ਰਾਜ ਕਥੇ / Year of Birth : 1994 पल्लव कुमार

7060 8636 5012

3118115 आम आदमों का अधिकार

PALLAW KUMAR Male 29Years	22-07-2023 09:49:15 AM HR : 65 bpm P : 97 ms PR : 150 ms QRS : 92 ms QT/QTC : 354/369 ms P/QRST : 57/79/31 ° RV5/SV1 : 1.637/0.798 mV	Diagnosis Information; Sinus Arrhythmia Biphasic T Wavc(III) Ref-Phys.:		
		Report Confirmed by:	<u>}</u>	2
		\\\		
avr.				
		S.A.		
0.0/~100HZ AC30 25mm/s	mm/s 10mm/m v 2.5.0s ▼65	SEMIF VI.81 DAIGNOSTIC		



F-41, P.C. Colony, Opp. Madhuban Complex. Near Malahi Pakari Chowk, Kankarbagh, Patna-20

Date

Age/Sex:-29Yrs/M

:-22/07/23

9065875700

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Name :-PALLAW KUMAR

Pt's ID :-18/40187

Refd by :-Corp.

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.

:- Normal in shape, size & echotexture. No evidence of parenchymal / ductal Pancreas calcification is seen. No definite peripancreatic collection is seen.

Spleen :- Normal in size (8.4cm) with normal echotexture. No focal lesion is seen.

No evidence of varices is noticed.

:- Both kidneys are normal in shape, size & position. Sinus as well as cortical Kidneys

echoes are normal. No evidence of calculus, space occupying lesion or

hydronephrosis is seen.

Right Kidney measures 9.2cm and Left Kidney measures 9.6cm.

Ureters :- Ureters are normal.

U. Bladder:- It is echofree. No evidence of calculus, mass or diverticulum is seen.

Prostate :- Normal in size(10.5cc) & normal echotexture. :- No ascites or abdominal adenopathy is seen. Others

No free subphrenic / basal pleural space collection is seen.

IMPRESSION:-Normal Scan.

> Dr. U. Kumar MBBS, MD(Radio-Diagnosis) Considerant Radiologist



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Date 22/07/2023 Srl No. 14 Patient Id 2307220014
Name Mr. PALLAW KUMAR Age 29 Yrs. Sex M
Ref. By Dr.BOB

Test Name Value Unit Normal Value

**BOB** 

HB A1C 5.4 %

### **EXPECTED VALUES:-**

Metabolicaly healthy patients = 4.8 - 5.5 % HbAIC

Good Control = 5.5 - 6.8 % HbAlC Fair Control = 6.8-8.2 % HbAlC Poor Control = >8.2 % HbAlC

### **REMARKS:-**

In vitro quantitative determination of HbAIC in whole blood is utilized in long term monitoring of glycemia

The **HbAIC** 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 **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes

Mellitus therapy.

Results of **HbAIC** 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	22/07/2023	Srl No	. 14	Patient Id	2307220014
Name	Mr. PALLAW KUMAR	Age	29 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value	
COMPLETE BLOOD COUNT (CBC)				
HAEMOGLOBIN (Hb)	13.0	gm/dl	13.5 - 18.0	
TOTAL LEUCOCYTE COUNT (TLC)	5,200	/cumm	4000 - 11000	
DIFFERENTIAL LEUCOCYTE COUNT (D	LC)			
NEUTROPHIL	60	%	40 - 75	
LYMPHOCYTE	35	%	20 - 45	
EOSINOPHIL	02	%	01 - 06	
MONOCYTE	03	%	02 - 10	
BASOPHIL	00	%	0 - 0	
ESR (WESTEGREN's METHOD)	13	mm/Ist hr.	0 - 15	
R B C COUNT	4.16	Millions/cmm	4.5 - 5.5	
P.C.V / HAEMATOCRIT	41.2	%	40 - 54	
MCV	99.04	fl.	80 - 100	
MCH	31.25	Picogram	27.0 - 31.0	
MCHC	31.6	gm/dl	33 - 37	
PLATELET COUNT	2.83	Lakh/cmm	1.50 - 4.00	
BLOOD GROUP ABO	"A"			
RH TYPING	POSITIVE			
BLOOD SUGAR FASTING	99.3	mg/dl	70 - 110	
SERUM CREATININE	0.81	mg%	0.7 - 1.4	
BLOOD UREA	27.2	mg /dl	15.0 - 45.0	
SERUM URIC ACID	5.9	mg%	3.4 - 7.0	
LIVER FUNCTION TEST (LFT)				

### LIVER FUNCTION TEST (LFT)



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Date 22/07/2023 Name Mr. PALLAW KUMAR Ref. By Dr.BOB	Srl No. 14 Age 29 Yrs.		Patient Id 2307220014 Sex M	
Test Name	Value	Unit	Normal Value	
BILIRUBIN TOTAL	0.65	mg/dl	0 - 1.0	
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00 - 0.40	
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70	
TOTAL PROTEIN	7.6	gm/dl	6.6 - 8.3	
ALBUMIN	4.2	gm/dl	3.4 - 5.2	
GLOBULIN	3.4	gm/dl	2.3 - 3.5	
A/G RATIO	1.235			
SGOT	20.6	IU/L	5 - 40	
SGPT	26.4	IU/L	5.0 - 55.0	
ALKALINE PHOSPHATASE IFCC Method	108.3	U/L	40.0 - 130.0	
GAMMA GT	26.1	IU/L	8.0 - 71.0	
LFT INTERPRET				
LIPID PROFILE				
TRIGLYCERIDES	99.2	mg/dL	25.0 - 165.0	
TOTAL CHOLESTEROL	162.1	mg/dL	29.0 - 199.0	
H D L CHOLESTEROL DIRECT	44.1	mg/dL	35.1 - 88.0	
VLDL	19.84	mg/dL	4.7 - 22.1	
L D L CHOLESTEROL DIRECT	98.16	mg/dL	63.0 - 129.0	
TOTAL CHOLESTEROL/HDL RATIO	3.676		0.0 - 4.97	
LDL / HDL CHOLESTEROL RATIO	2.226		0.00 - 3.55	
THYROID PROFILE				
QUANTITY	15	ml.		



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Name Mr. PALLAW KUMAR Age 29 Yrs. Sex M
Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value	
COLOUR	PALE YEL	LOW		
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.010			
PH	6.0			
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 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 hyporthyroidism, and may be seen in secondary thyrotoxicosis.

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

Dr.R.B.RAMAN MBBS, MD

**CONSULTANT PATHOLOGIST** 









### MC-2024

Lab Facility: Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat
Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in
Regd. Of·ce: 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
CIN: U85195GJ2009PLC057059

		30704100421	TEST REPO	RT		
Reg.No	: 307041004	421	Reg.Date	: 23-Jul-2023 18:01	Collection	: 23-Jul-2023 18:01
Name	: PALLAW H	KUMAR			Received	: 23-Jul-2023 18:01
Age	: 29 Years		Sex	: Male	Report	: 23-Jul-2023 19:47
Referred By	: AAROGYAN	M DIAGNOSTICS @ PA	TNA		Dispatch	: 23-Jul-2023 20:07
Referral Dr	: 🗆		Status	: Final	Location	: 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval	
	THYROID FUNC	CTION TEST		
T3 (triiodothyronine)	0.91	ng/mL	0.6 - 1.52	
T4 (Thyroxine)	6.90	μg/dL	5.5 - 11.0	
TSH (ultra sensitive)	1.215	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-relasing 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

Referance: Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders, 2012:2170

----- End Of Report -----

O Postal

Dr. Avani Patel

M.D. Biochemistry Reg No.- G-34103

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