

3


 **बैंक ऑफ बरोडा**
Bank of Baroda

नाम **दीपु तिवारी**
Name **DEEPU TIWARI**

कर्मचारी क्र. **172487**
E.C. No. **172487**

 **20-07-1990**

जारीकर्ता अधिकारी
Issuing Authority



कार्य के निदेशक

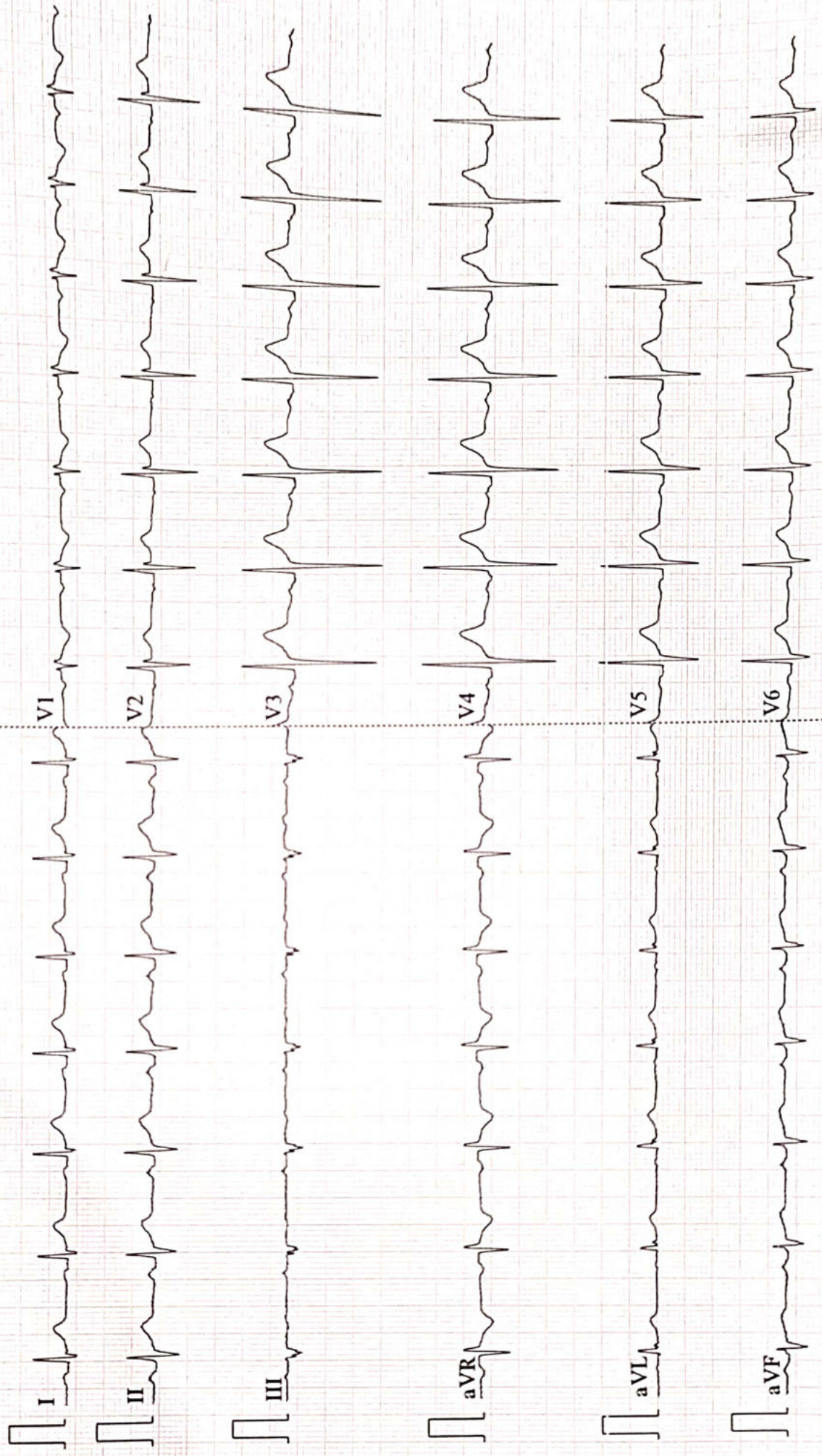
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DEEPU TIWARI
Male 32Years

Diagnosis Information:
Sinus Arrhythmia

HR : 83 bpm
P : 95 ms
PR : 159 ms
QRS : 88 ms
QT/QTc : 341/402 ms
P/QRS/T : 64/4/27 °
RV5/SV1 : 1.095/0.331 mV

Ref-Phys. :
Report Confirmed by:





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	19/03/2023	Srl No.	7	Patient Id	2303190007
Name	Mr. DEEPU TIWARI	Age	33 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.3	%	

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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Name	Mr. DEEPU TIWARI	Age 33 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.5	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	64	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	4.60	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	40.2	%	40 - 54
M C V	87.39	fl.	80 - 100
M C H	29.35	Picogram	27.0 - 31.0
M C H C	33.6	gm/dl	33 - 37
PLATELET COUNT	2.47	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	95.8	mg/dl	70 - 110
SERUM CREATININE	1.06	mg%	0.7 - 1.4
BLOOD UREA	27.0	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.8	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Name	Mr. DEEPU TIWARI	Age 33 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.73	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.26	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.47	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.4	gm/dl	6.6 - 8.3
ALBUMIN	3.7	gm/dl	3.4 - 5.2
GLOBULIN	2.7	gm/dl	2.3 - 3.5
A/G RATIO	1.37		
SGOT	47.5	IU/L	5 - 40
SGPT	52.4	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	86.1	U/L	40.0 - 130.0
GAMMA GT	23.9	IU/L	8.0 - 71.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	102.7	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	136.1	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	51.8	mg/dL	35.1 - 88.0
V L D L	20.54	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	63.76	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.627		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.231		0.00 - 3.55
THYROID PROFILE			
QUANTITY	15	ml.	



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Name	Mr. DEEPU TIWARI	Age	33 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/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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Name	Mr. DEEPU TIWARI	Age	33 Yrs.	Sex	M
Ref. By	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



MC-3319

Kolkata Lab : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt lake, Kolkata-700064
 Landline No: 033-40818800/ 8888/ 8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in
 CIN : U85195GJ2009PLC057059



30304100380

TEST REPORT

Reg.No : 30304100380	Reg.Date : 20-Mar-2023 11:34	Collection : 20-Mar-2023 11:34
Name : MR. DEEPU TIWARI		Received : 20-Mar-2023 11:34
Age : 33 Years	Sex : Male	Report : 20-Mar-2023 13:05
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 20-Mar-2023 13:25
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE			
Tri-iodothyronine (Total T3) <i>Method:CLIA</i>	1.44	ng/mL	0.60 - 1.81
Thyroxin (Total T4) <i>Method:CLIA</i>	8.80	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) <i>Method:CLIA</i> Ultra Sensitive	3.647	µIU/mL	0.55 - 4.78

Sample Type: Serum**Note:****TSH Reference Range in Pregnancy :**

- Pregnancy 1st Trimester 0.1 - 2.5 uIU/ml
- Pregnancy 2nd Trimester 0.2 - 3.0 uIU/ml
- Pregnancy 3rd Trimester 0.3 - 3.0 uIU/ml

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has an influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- The physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- All infants with a low T4 concentration and a TSH concentration greater than 40 uU/L are considered to have congenital hypothyroidism and should have immediate confirmatory serum testing.
- If the TSH concentration is slightly elevated but less than 40 uU/L, a second screening test should be performed on a new sample. Results should be interpreted using age-appropriate normative values

Clinical Use:

- Primary Hypothyroidism · Hyperthyroidism · Hypothalamic -Pituitary hypothyroidism · Inappropriate TSH secretion · Nonthyroidal illness· Autoimmune thyroid disease · Pregnancy-associated thyroid disorders · Thyroid dysfunction in infancy and early childhood

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

Dr.Niranjan Mondal

MBBS, DO, MD (Biochemistry)
 Consultant Biochemist
 Reg No.:- 64023 (WBMC)



Name :- Mr. Deepu Tiwari
Refd by :- Corp

Age/Sex:- 33Yrs/M
Date :-19/03/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Mild enlarged in size (15.5cm) 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 (8.8cm) 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 10.0cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size(9.5cc) & normal echotexture.
- 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.
Otherwise Normal Scan.*

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



Patient's Name: Mr. Deepu Tiwari	Date: 19/03/2023
Ref. By:- Self	Age/Sex: 33 YRS. /M
Indication for study:- R/O SHD	

ECHOCARDIOGRAPHY REPORT

MEASUREMENTS:

Aortic root diameter
 Aortic valve opening
 Left atrial dimension

LEFT VENTRICLE:

ED dimension
 ES dimension
 ED IVS thickness
 ED PW thickness
 ES IVS thickness
 ES PW thickness

3.0	Normal 2.0-3.7cm <2.2cm/M ²
3.5	1.5-2.6cm 0.9 - 4.0 cm < 2.2 cm / M ²
5.2	Normal 3.7 - 5.6 cm < 3.2 cm / M ²
4.0	2.2 - 4.0 cm
0.7	0.6-1.0 cm
0.8	0.6-1.0 cm
1.0	

MITRAL VALVE

E Velocity = 104 cm/sec	A velocity = 75 cm/sec	E/A =	DT = cm/s.
Max. PG = 4.3 mmHg	Mean PG = mmHg		
Mitral Regurgitation: Nil			
Mitral stenosis: Nil			

AORTIC VALVE

Max. Velocity = 141 cm/sec	Mean Velocity = cm/sec
Max PG = 7.9 mmHg	Mean PG = mmHg
Aortic Regurgitation: Nil	PHT = ms
Aortic stenosis: Nil	Slope =

TRICUSPID VALVE

Max. Velocity = 63 cm/sec	Max PG = 1.6mmHg
Tricuspid Regurgitation: Nil	PASP = mmHg
Tricuspid stenosis: Nil	

PULMONARY VALVE

Max. Velocity = cm/sec	Max PG = mmHg
Pulmonary Regurgitation: Nil	PAEDP = mmHg
Pulmonary stenosis: Nil	



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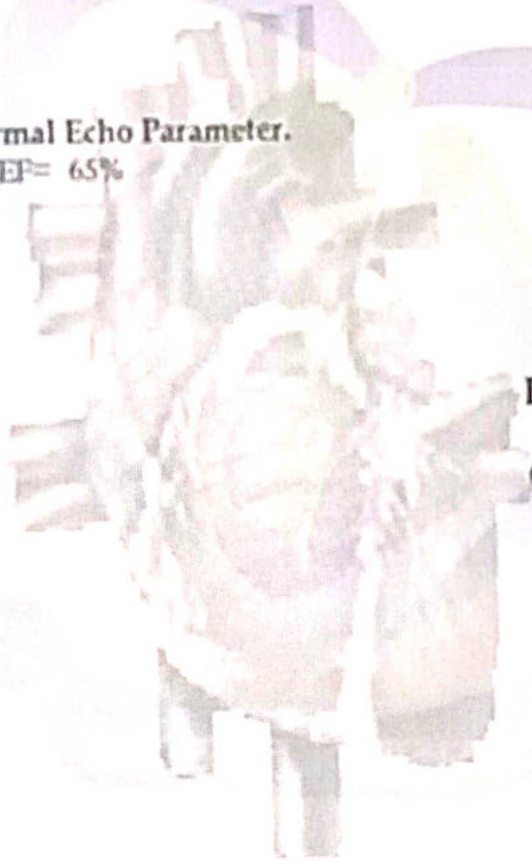
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IMPRESSION- bpm : Normal acoustic Window.

- ◆ No Regional wall motion abnormality Seen. Normal LV function.
- ◆ LVEF= 65 %
- ◆ Cardiac chambers are normal.
- ◆ No MR.
- ◆ No TR.
- ◆ No AR.
- ◆ Mitral inflow pattern normal.
- ◆ No intracardiac clot/vegetation/P.E.

FINAL IMP-

Normal Echo Parameter.
LVEF= 65%



Dr. Sandeep Kumar
MD (Medicine)
Consultant Cardiologist