

6 BOB

भारत सरकार
Government of India

निरज कुमार
Niraj Kumar
जन्म तिथि / DOB: 28/11/1939
पुरुष / Male

7833 2988 5918

मेरा आधार, मेरी पहचान

Issue Date: 19/12/2011



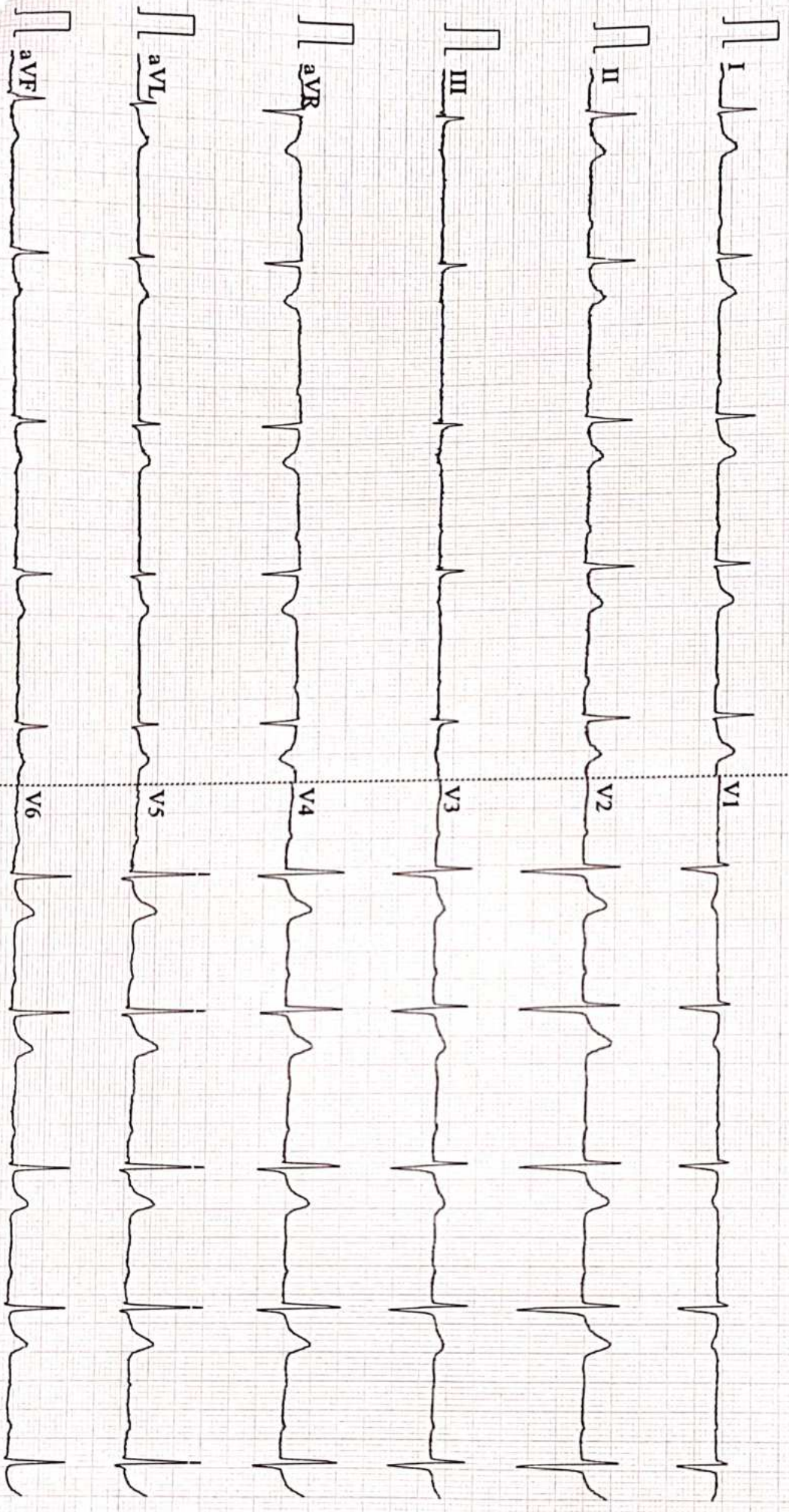
ID: 55
NIRAJ KUMAR
Male 33Years

20-08-2023 10:51:22 AM

HR : 57 bpm
P : 92 ms
PR : 259 ms
QRS : 93 ms
QT/QTc : 392/382 ms
P/QRS/T : 49/47/24 °
RV5/SV1 : 1.403/0.689 mV

Diagnosis Information:
Sinus Bradycardia with Sinus Arrhythmia
First-degree Atrioventricular Block

Ref-Phys. :
Report Confirmed by:



57-100Hz AC50 25mm/s 10mm/mV 2.50s 57 V2.2 SEMIP V1.81 DAIGNOSTIC



Name :- Niraj Kumar
Pt's ID :- 18/40375
Refd by :- SELF

Age/Sex:-33Yrs/M
Date :-20/08/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(13.7cm) 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(8.9cm) 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 10.0cm and Left Kidney measures 9.8cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size (10.2cc)& echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Normal Scan.*

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



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 20/08/2023	Srl No. 5	Patient Id 2308200005
Name Mr. NIRAJ KUMAR	Age 33 Yrs.	Sex M
Ref. By Dr.BOB		

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.2	%	

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)	11.4	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,300	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	64	%	40 - 75
LYMPHOCYTE	31	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN' s METHOD)	11	mm/1st hr.	0 - 15
R B C COUNT	3.96	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	34.2	%	40 - 54
M C V	86.36	fl.	80 - 100
M C H	28.79	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.33	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	82.5	mg/dl	70 - 110
SERUM CREATININE	0.80	mg%	0.7 - 1.4
BLOOD UREA	21.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	5.3	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.23	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.39	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.8	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	3.2	gm/dl	2.3 - 3.5
A/G RATIO	1.125		
SGOT	25.3	IU/L	5 - 40
SGPT	28.9	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	78.3	U/L	40.0 - 130.0
GAMMA GT	22.9	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	89.5	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	129.6	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	51.2	mg/dL	35.1 - 88.0
V L D L	17.9	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	60.5	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.531		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.182		0.00 - 3.55
THYROID PROFILE			
QUANTITY	15	ml.	



Date	20/08/2023	Srl No. 5	Patient Id 2308200005
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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
PH	5.5		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	0-1	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-2	/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 hypothyroidism, and may be seen in secondary thyrotoxicosis.			

**** End Of Report ****

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST



MC-2024



30804100432

TEST REPORT

Reg.No : 30804100432	Reg.Date : 21-Aug-2023 12:36	Collection : 21-Aug-2023 12:36
Name : NIRAJ KUMAR		Received : 21-Aug-2023 12:36
Age : 33 Years	Sex : Male	Report : 21-Aug-2023 13:59
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 21-Aug-2023 14:19
Referral Dr : <input type="checkbox"/>	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine)	1.24	ng/mL	0.6 - 1.52
T4 (Thyroxine) <small>CMIA</small>	8.59	µg/dL	5.5 - 11.0
TSH (ultra sensitive) <small>CMIA</small>	1.744	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 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

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

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

Dr. Hiral AroraM.D. Biochemistry
Reg. No.:- G-32999