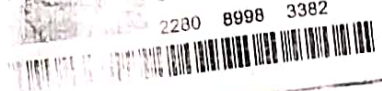



भारत सरकार
GOVERNMENT OF INDIA

अमन कुमार
Aman Kumar

जन्म वर्ष / Year of Birth : 1991
पुरुष / Male

2280 8998 3382



BoB

20

— आम आदमी का अधिकार

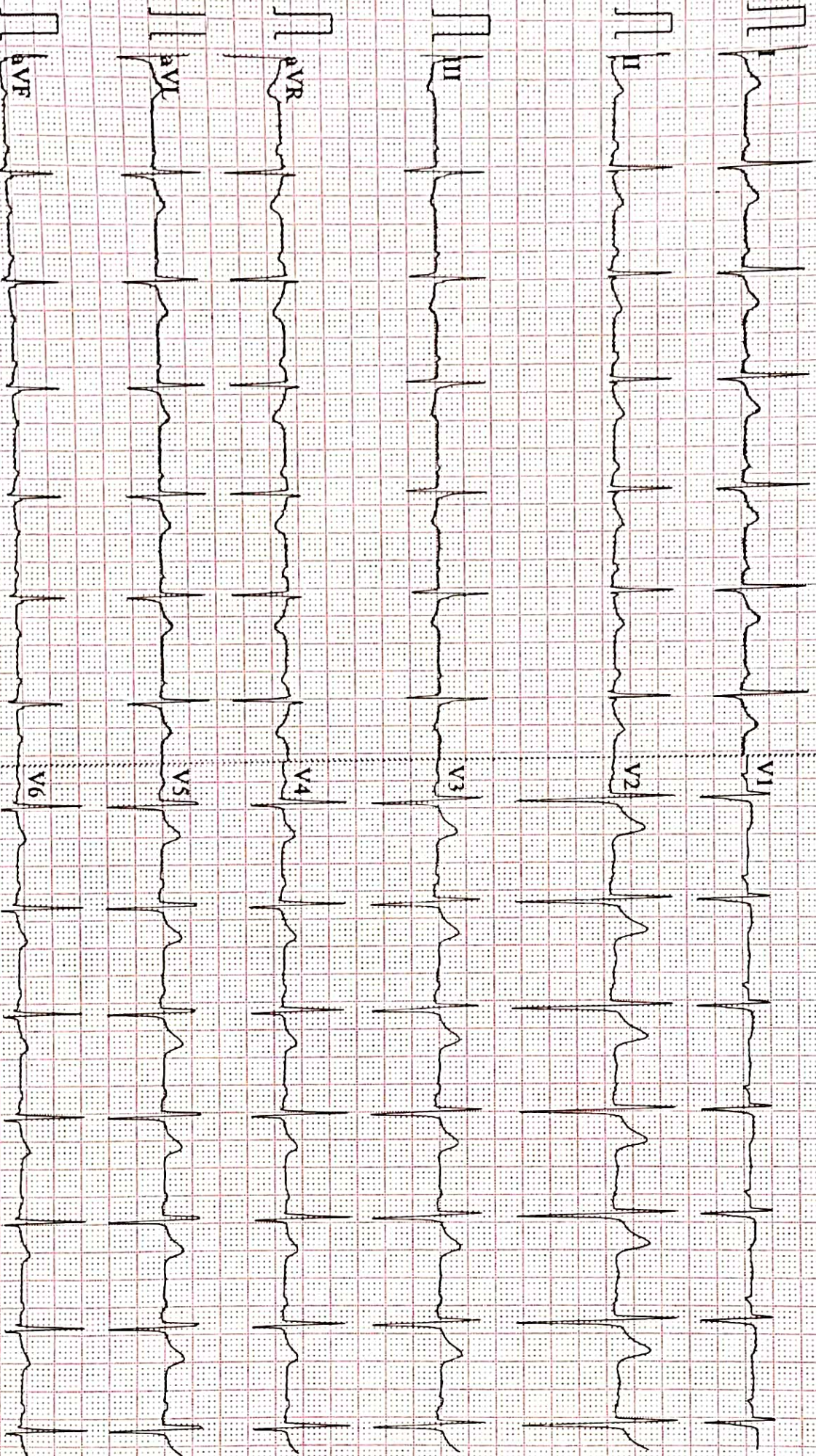
AMAN KUMAR
Male 31 Years

12:28:48 PM

HR : 79 bpm
P : 95 ms
PR : 163 ms
QRS : 83 ms
QT/QTc : 349/402 ms
PQRS/T : 52/48/6 °
RV5/SV1 : 0.67/0.892 mV

Diagnosis Information:
Sinus Rhythm
Largd PrtV1
Decpnded Q Wave(III)

Ref-Phys :
Report Confirmed by:



107-100Hz AC50 25mm/s 10mm/mV 2*5.0s V79 V22 SEMIP V1&1 DAIGNOSTIC



Name :- Aman Kumar
Refd by :- BOB

Age/Sex:31 Yrs/M
Date :-09/08/22

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Mild enlarged in size (14.8cm)with raised chotexture. 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 (10.5cm)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 9.5cm and Left Kidney measures 9.6cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size (16.7cc) & echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Mild Hepatomegaly with grade-1 fatty liver.
Otherwise normal scan.*

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



Date	09/08/2022	Srl No.	15	Patient Id	2208090015
Name	Mr. AMAN KUMAR	Age	31 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.2	%	
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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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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	09/08/2022	Srl No. 15	Patient Id 2208090015
Name	Mr. AMAN KUMAR	Age 31 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.7	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,800	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	66	%	40 - 75
LYMPHOCYTE	30	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	14	mm/1st hr.	0 - 15
R B C COUNT	4.62	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	41.1	%	40 - 54
M C V	88.96	fl.	80 - 100
M C H	29.65	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.46	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

**** End Of Report ****

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Date	09/08/2022	Srl No. 15	Patient Id 2208090015
Name	Mr. AMAN KUMAR	Age 31 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR FASTING	89.7	mg/dl	70 - 110
SERUM CREATININE	0.88	mg%	0.7 - 1.4
BLOOD UREA	24.6	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.6	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.18	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.44	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.7	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	3.1	gm/dl	2.3 - 3.5
A/G RATIO	1.161		
SGOT	39.3	IU/L	5 - 40
SGPT	41.6	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	75.2	U/L	40.0 - 130.0
GAMMA GT	24.7	IU/L	8.0 - 71.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	102.6	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	179.5	mg/dL	29.0 - 199.0



Date	09/08/2022	Srl No.	15	Patient Id	2208090015
Name	Mr. AMAN KUMAR	Age	31 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	86.6	mg/dL	35.1 - 88.0
V L D L	20.52	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	72.38	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.073		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	0.836		0.00 - 3.55
THYROID PROFILE			
T3	0.824	ng/ml	0.60 - 1.81
T4	7.23	ug/dl	4.5 - 10.9
Chemiluminescence			
TSH	1.264	uIU/ml	
Chemiluminescence			

REFERENCE RANGE

PAEDIATRIC AGE GROUP

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

ADULTS 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.



Date	09/08/2022	Srl No.	15	Patient Id	2208090015
Name	Mr. AMAN KUMAR	Age	31 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
-----------	-------	------	--------------

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.
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.

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	15	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.015	
PH	6.0	

CHEMICAL EXAMINATION

ALBUMIN	NIL
---------	-----



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Name	Mr. AMAN KUMAR	Age 31 Yrs.	Sex M
Ref. By Dr.BOB			

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

**** End Of Report ****

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