



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	28/08/2021	Srl No.	25	Patient Id	2108280025
Name	Mrs. SHOBHA RANI	Age	38 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.8	%	
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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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Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	10.4	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,600	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	03	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	14	mm/1st hr.	0 - 20
R B C COUNT	3.47	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	31.2	%	35 - 45
M C V	89.91	fl.	80 - 100
M C H	29.97	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	3.01	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"AB"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	108.9	mg/dl	70 - 110
BLOOD SUGAR PP	110.7	mg/dl	80 - 160
SERUM CREATININE	0.75	mg%	0.5 - 1.3
BLOOD UREA	20.9	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.7	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.60	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.18	mg/dl	0.00 - 0.25
UNCONJUGATED (I.D.Bilirubin)	0.42	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.9	gm/dl	6.6 - 8.3
ALBUMIN	4.2	gm/dl	3.4 - 4.8
GLOBULIN	2.7	gm/dl	2.3 - 3.5
A/G RATIO	1.556		
SGOT	21.3	IU/L	5 - 35
SGPT	25.6	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	93.4	U/L	35.0 - 104.0
GAMMA GT	25.7	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	86.5	mg/dL	40.0 - 165.0
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Name	Mrs. SHOBHA RANI	Age	38 Yrs.	Sex	F
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Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL	132.7	mg/dL	123.0 - 199.0
H D L CHOLESTEROL DIRECT	45.9	mg/dL	40.0 - 79.4
V L D L	17.3	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	69.5	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.891		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.514		0.00 - 3.55
THYROID PROFILE			
T3	0.91	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.85	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.87	uIU/ml	
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.



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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	



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CHEMICAL EXAMINATION

ALBUMIN	NIL		
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 ****

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

ID: 66

SHOBHA RANI

Female 37Years

28-08-2021 11:58:57 AM

BPL

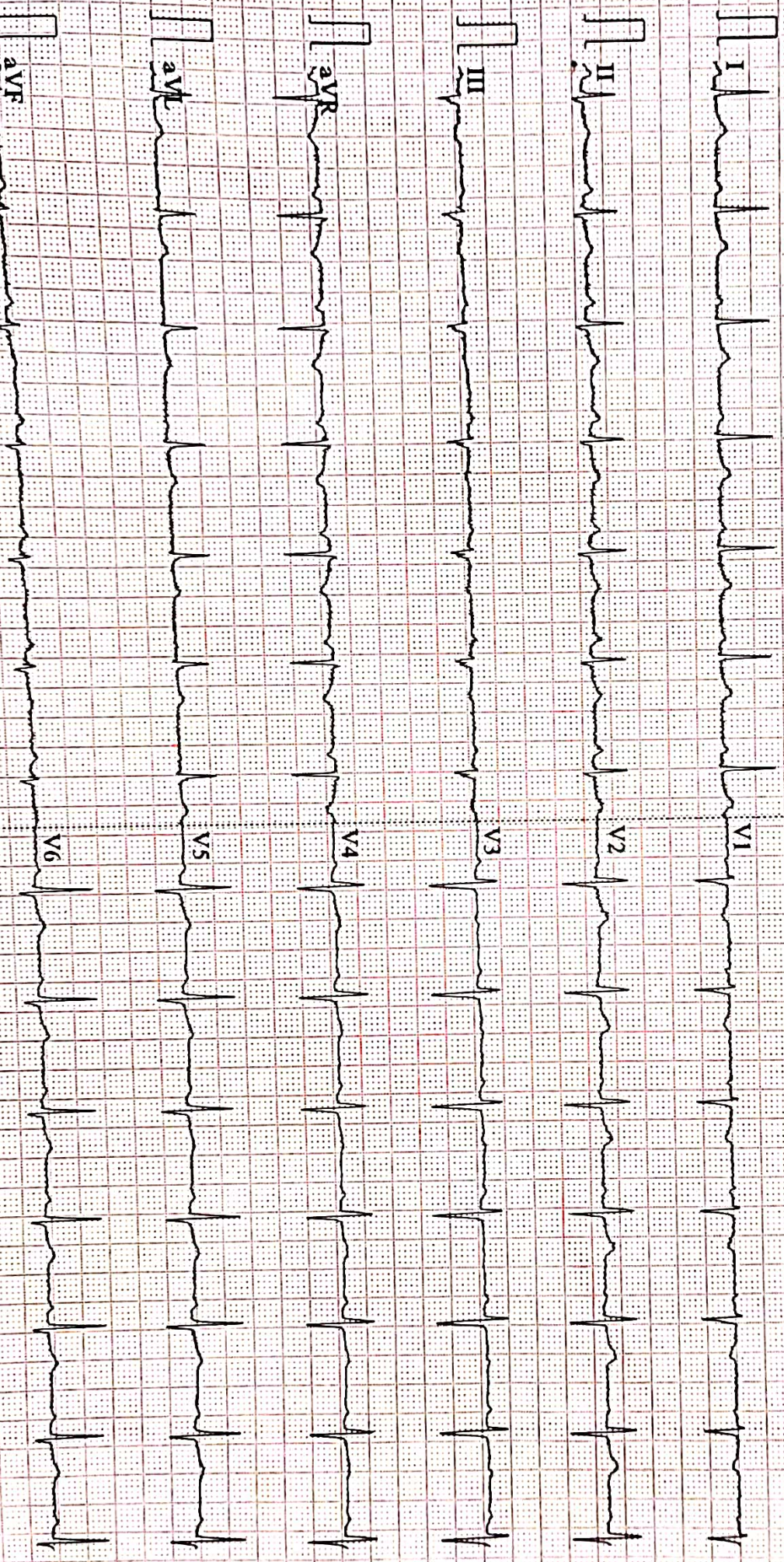
Diagnosis Information:

Sinus Rhythm

Normal ECG

HR	: 80	bpm
P	: 92	ms
PR	: 159	ms
QRS	: 78	ms
QT/QTc	: 353/407	ms
P/QRS/T	: 56/14/17	°
RV5/SV1	: 0.855/0.576	mV

Report Confirmed by:



25m/m/s 10mm/mV 2=5.0s 80 V2.2 SEMIP V1&I DAIGNOSTIC



SHUBHAM ULTRASOUND & A.L.C. ADVANCE IMAGING DIAGNOSTICS

(A Unit of P.K.Arogyam Health & Wellness Center)

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e-mail : shubham.pat.usg@gmail.com website : www.alhealthcheckup.in

OPINION MUST BE CORRELATES WITH CLINICALLY & OTHER INVESTIGATION FOR FINAL DIAGNOSIS. NOT FOR MEDICO LEGAL PURPOSE

Pt. Name :- SHOBHA RANI

Date:- 28-Aug-21

Ref. By :- DR. / AAROGYAM

Age / Sex - 25 Yrs. F.

REAL TIME U.S.G. OF WHOLE ABDOMEN

Thanks for your kind referral

(Report.)

LIVER :- Measures 15.18 cm. Mild Enlarged in shape , size and echo texture. I.H.B.R. are not dilated. Hepatic veins are normal. No SOL seen.

G.BL. :- Lumen is echo free. Wall thickness appears normal.

C.B.D. :- Measures 3.5 mm in diameter with echo free lumen. No calculi or mass seen.

P.V. :- Measures 7.6 mm in diameter. Appears normal. No thrombus seen.

PANCREAS :- Normal in shape, size and echo texture. No calcification mass seen.

SPLEEN :- Measures 11.11 cm. Normal in shape, size and echo texture.
No SOL seen.

KIDNEY :- Both kidney shows normal shape, size & echotexture. C.M.D.intact.
P.C.S.is not dilated. No calculi, cyst or hydronephrosis seen on either side.

Right Kidney :- Measures 9.0 x 4.4 cm.

Left Kidney :- Measures 9.0 x 4.5 cm.

URETER :- Not dilated .No apparent calculi seen.

U.BLADDER:- Shows normal in outline with echo free lumen. No calculi or mass seen.

Pre void - 340 ml. Post void - is in significant

UTERUS :- Is Enlarged and bulky in size measures 10.40 X 5.30 cm and Aneverted in Position Echogenicity of Myometrium is increased
Endometrial thickness is 8.2 mm

No focal mass lesion seen cervix appear normal .

ADNEXA :- Both ovary appears normal in size and shape.

Rt Ovary Measures - 3.0 cm Lt Ovary Measures 2.40 cm

P.O.D :- Mild collection seen in P.O.D.

R.I.F. :- Son graphically no appendicular mass or collection seen.

OTHERS :- No ascites , lymph adenopathy. No pleural effusion seen on either side

IMPRESSION

- **Mild Hepatomegaly**
- **Enlarged Bulky Uterus With Mild Collection Seen In POD -? PID**
- **Adv;-further work up other investigation**
Otherwise son graphically normal scan. of rest organs .

28/8/21

ESTB BY:-

Consultant Radiologist

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Consultant Imaginologist

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MD (Pat)
Consultant Pathologist

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Consultant(TMT,EEG Specialist)

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MBBS, DGO, MD
Consultant (TVS & HSG Specialist)

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