



भारत सरकार  
Government of India



संगीता कुमारी  
Sangeeta Kumari  
जन्म तिथि/DOB: 20/10/1987  
लिंग/ GENDER: FEMALE

XXXX XXXX 7620

VID: 9103 0263 1749 7539



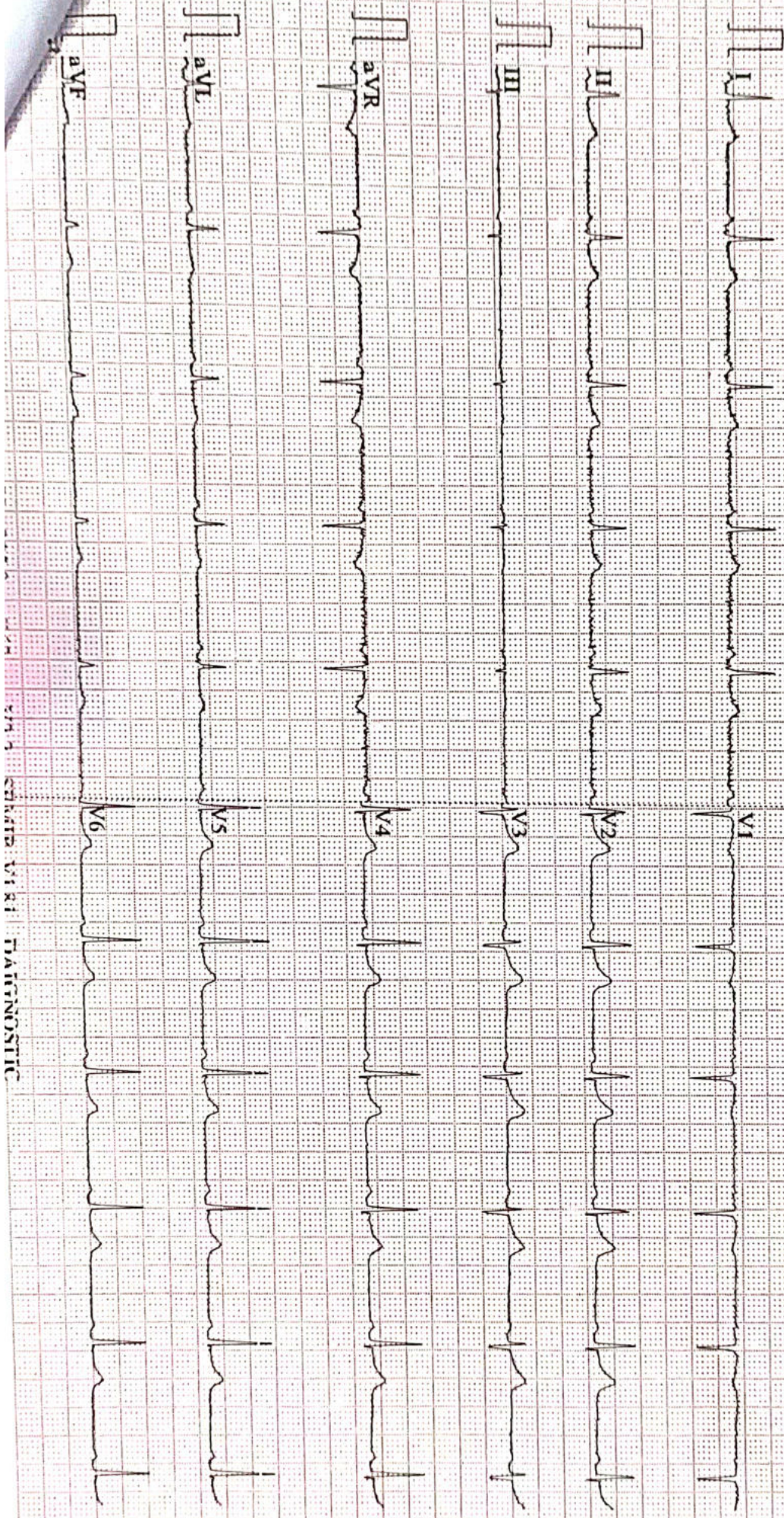
मेरा आधार, मेरी पहचान

ID: 484  
SANGEETA KUMARI  
Female 35Years

10-02-2023 11:01:42 AM  
HR : 62 bpm  
P : 94 ms  
PR : 142 ms  
QRS : 75 ms  
QT/QTc : 380/387 ms  
P/QRS/T : 5/22/35  
RV5/SV1 : 1.226/0.762 mV

Diagnosis Information:  
Sinus Rhythm  
QS Wave in Lead V1

Ref-Phys: .  
Report Confirmed by:





Name :- Sangeeta Kumari  
Refd by :- Self

Age/Sex:- 35Yrs/F  
Date :-10/02/23

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Normal in size (12.6cm) 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 (8.4cm) 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 9.3cm and Left Kidney measures 9.3cm.
- Ureters** :- Ureters are not dilated.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Mildly enlarged in size (8.6cm x 4.2cm) and anteverted in position with normal myometrial and endometrial. Thickened cervical endometrium with minimal collection seen in it- Cervicitis. ET- 7.4mm
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 30mm x 20mm and Left ovary measures 30mm x 20mm.  
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.  
No free subphrenic / basal pleural space collection is seen.

**IMPRESSION:-**      *Grade I Fatty Liver.*  
                                  *AV Mild Bulky Uterus with Cervicitis.*  
                                  *Otherwise Normal Scan.*

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



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# 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

<b>Date</b>	<b>10/02/2023</b>	<b>Srl No.</b>	<b>6</b>	<b>Patient Id</b>	<b>2302100006</b>
<b>Name</b>	<b>Mr. SANGEETA KUMARI</b>	<b>Age</b>	<b>35 Yrs.</b>	<b>Sex</b>	<b>M</b>
<b>Ref. By</b>	<b>Dr.BOB</b>				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.5	%	

### 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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<b>Name</b>	<b>Mr. SANGEETA KUMARI</b>	<b>Age 35 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	<b>12.5</b>	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	<b>4.14</b>	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	<b>38.02</b>	%	40 - 54
M C V	91.84	fl.	80 - 100
M C H	30.19	Picogram	27.0 - 31.0
M C H C	<b>32.9</b>	gm/dl	33 - 37
PLATELET COUNT	2.26	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	109.2	mg/dl	70 - 110
SERUM CREATININE	0.82	mg%	0.7 - 1.4
BLOOD UREA	21.1	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.2	mg%	3.4 - 7.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			



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<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.21	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.7	gm/dl	6.6 - 8.3
ALBUMIN	3.5	gm/dl	3.4 - 5.2
GLOBULIN	3.2	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.094</b>		
SGOT	27.5	IU/L	5 - 40
SGPT	29.6	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	78.9	U/L	40.0 - 130.0
GAMMA GT	23.1	IU/L	8.0 - 71.0

**LFT INTERPRET****LIPID PROFILE**

TRIGLYCERIDES	155.9	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	168.9	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	51.3	mg/dL	35.1 - 88.0
V L D L	<b>31.18</b>	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	86.42	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.292		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.685		0.00 - 3.55
THYROID PROFILE			
QUANTITY	10	ml.	



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<b>Name</b>	<b>Mr. SANGEETA KUMARI</b>	<b>Age 35 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.015		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		

**MICROSCOPIC EXAMINATION**

PUS CELLS	1-3	/HPF
RBC'S	NIL	/HPF
CASTS	NIL	
CRYSTALS	NIL	
EPITHELIAL CELLS	2-5	/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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<b>Ref. By</b>	<b>Dr.BOB</b>				

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**  
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Name	Mr. SANGEETA KUMARI	Age	35 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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## BIOCHEMISTRY

BLOOD SUGAR PP	142.0	mg/dl	80 - 160
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\*\*\*\* End Of Report \*\*\*\*

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



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg Date: 10-Feb-2023 Technician : RESHMA ALI

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	00:07	0:01	00.0	00.0	01.0	97	52 %	110/70	106	00	
Standing	00:14	0:01	00.0	00.0	01.0	92	50 %	110/70	101	00	
HV	00:21	0:01	00.0	00.0	01.0	095	51 %	110/70	104	00	
Warm Up	00:28	0:01	01.0	00.0	01.0	094	51 %	110/70	103	00	
ExStart	00:34	0:06	01.7	10.0	01.1	112	61 %	110/70	123	00	
BRUCE/ Stage 1	03:34	3:00	01.7	10.0	04.7	153	83 %	115/75	175	00	
BRUCE/ Stage 2	06:34	3:00	02.5	12.0	07.1	166	90 %	120/80	199	00	
PeakEx	07:41	1:07	03.4	14.0	08.3	178	96 %	120/80	213	00	
Recovery	08:40	1:00	01.1	00.0	01.2	146	79 %	115/75	167	00	
Recovery	09:40	2:00	01.1	00.0	01.0	137	74 %	110/70	150	00	
Recovery	09:51	2:10	01.1	00.0	01.0	133	72 %	110/70	146	00	

**Findings :**

Exercise Time : 07:08  
 Max HR Attained : 188 bpm 102% of Target 185  
 Max BP Attained : (Sys) 120/80  
 Max WorkLoad Attained : 8.3 Fair response to induced stress  
 Max ST Dep Lead & Value : III & -0.8 mm in PeakEx mm  
 Test End Reasons : Test Complete

**Report :**

**Aarogam Diagnostics**

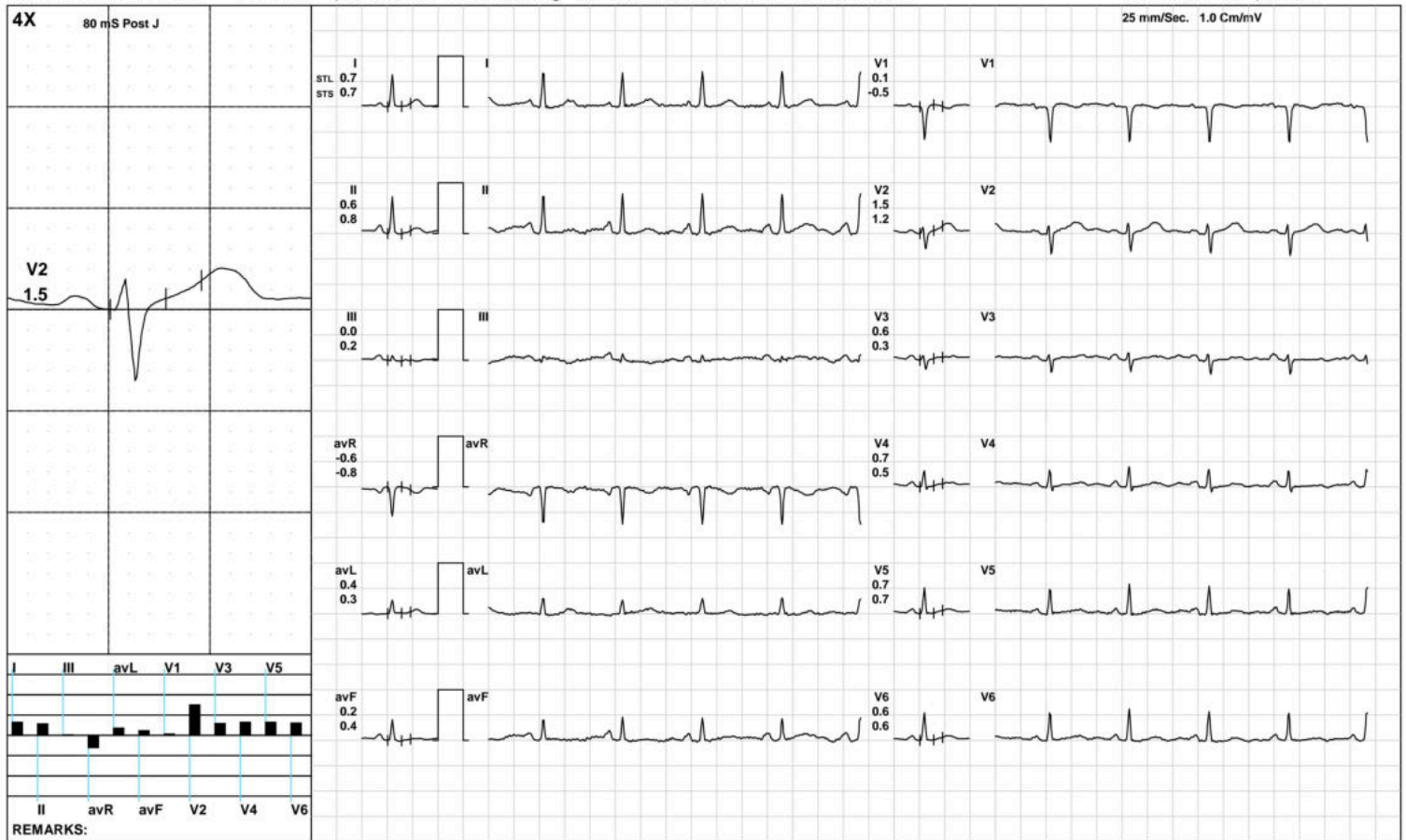
Supine



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 97

Date: 10-Feb-2023 04:31:31 PM METS: 1.0/ 97 bpm 52% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 0.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogyam Diagnostics**

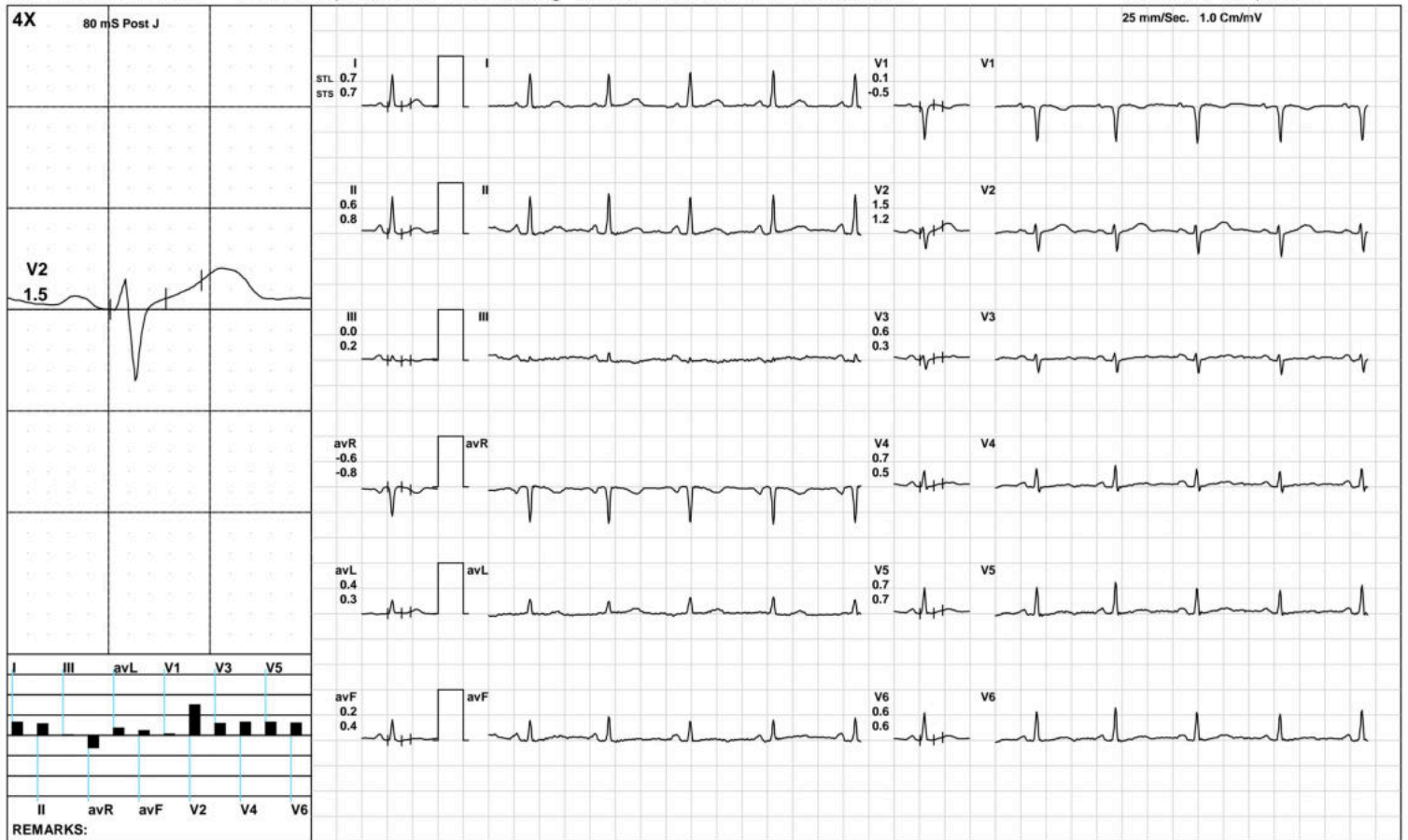
Standing



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 92

Date: 10-Feb-2023 04:31:31 PM METS: 1.0/ 92 bpm 49% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:14 0.0 mph, 0.0%



**Aarogyam Diagnostics**

HV



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 95

Date: 10-Feb-2023 04:31:31 PM METS: 1.0/ 95 bpm 51% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:21 0.0 mph, 0.0%



**Aarogam Diagnostics**

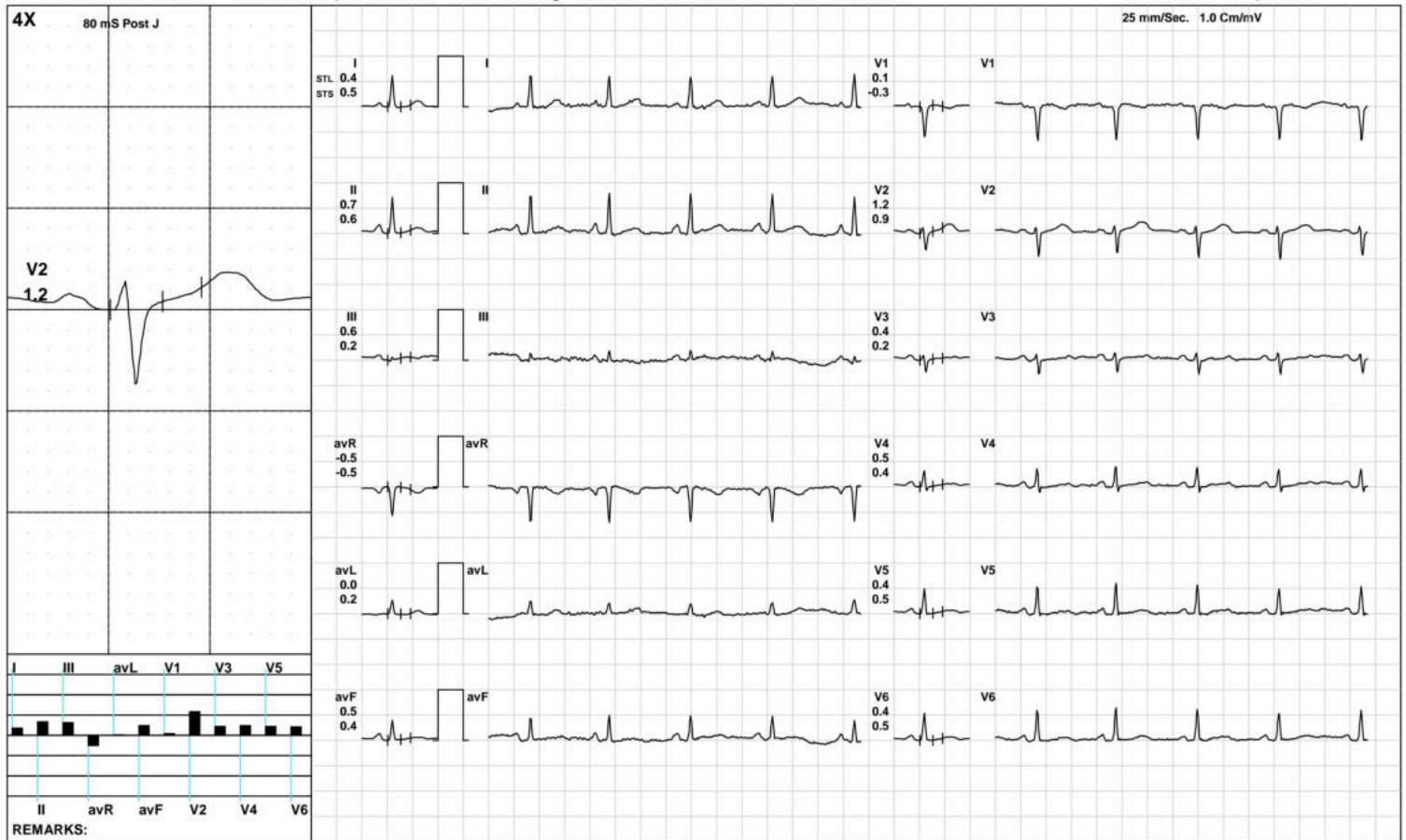
Warm Up



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 94

Date: 10-Feb-2023 04:31:31 PM METS: 1.0/ 94 bpm 50% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:28 1.0 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

Aarogam Diagnostics

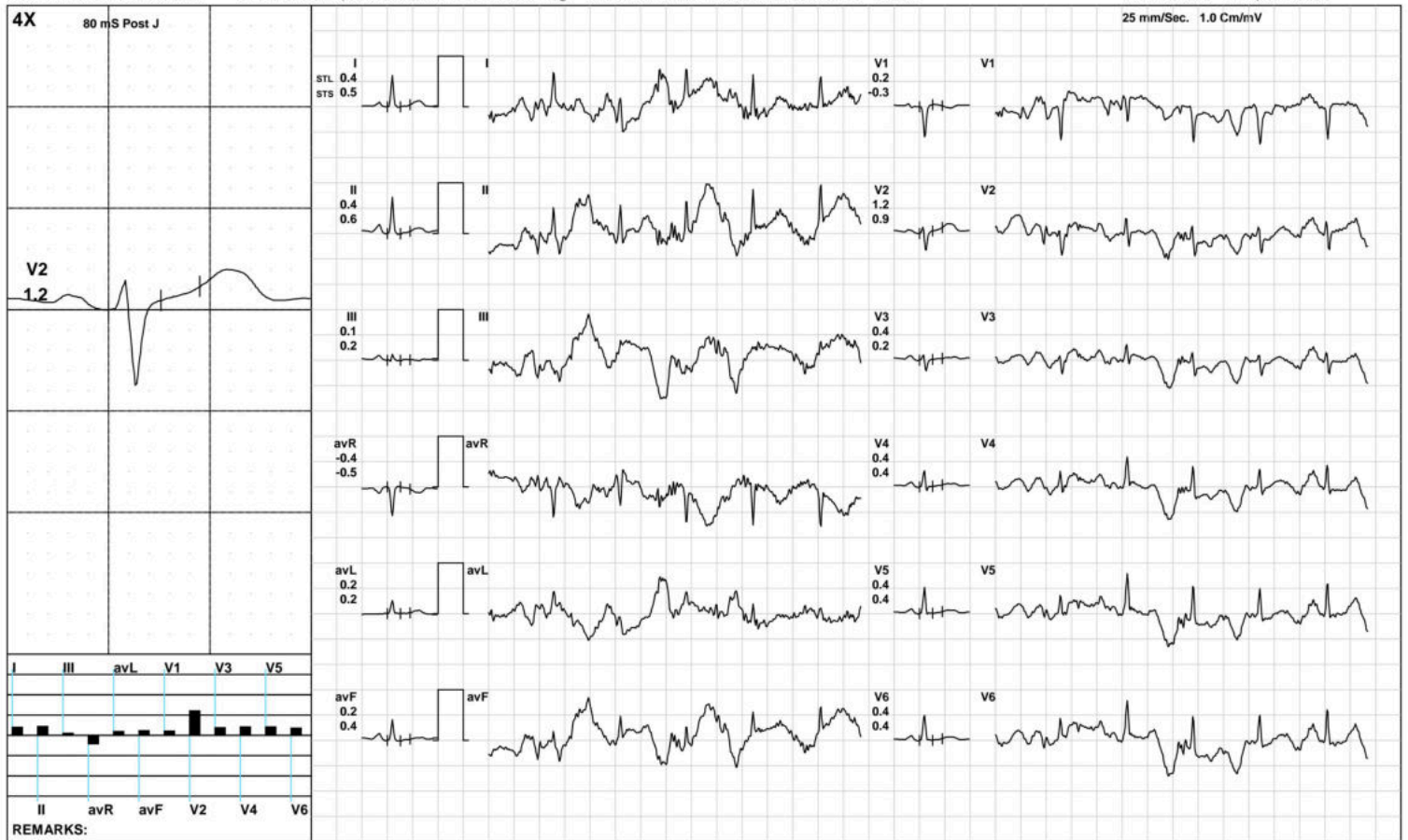
ExStart



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 112

Date: 10-Feb-2023 04:31:31 PM METS: 1.1/ 112 bpm 60% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:06 1.7 mph, 10.0%



(GEM212170906)(R)Kardic by Allengers



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 153

Date: 10-Feb-2023 04:31:31 PM METS: 4.7/ 153 bpm 82% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%



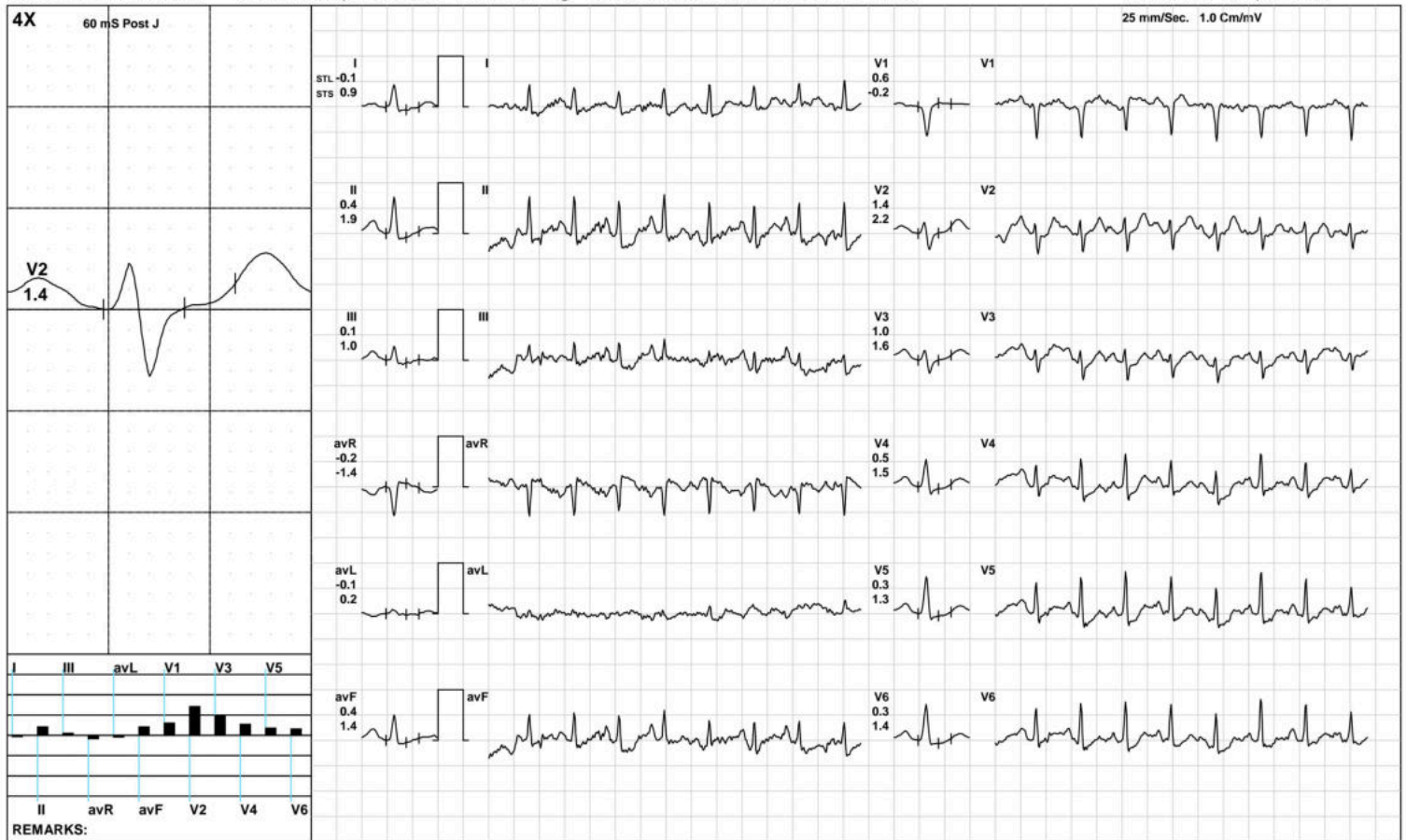




1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 166

Date: 10-Feb-2023 04:31:31 PM METS: 7.1/ 166 bpm 89% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%



Aarogyam Diagnostics

PeakEx



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 178

Date: 10-Feb-2023 04:31:31 PM METS: 8.3/ 178 bpm 96% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:07 3.4 mph, 14.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogam Diagnostics**

Recovery(1:00)



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 146

Date: 10-Feb-2023 04:31:31 PM METS: 1.2/ 146 bpm 78% of THR BP: 115/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:08 1.1 mph, 0.0%



**Aarogam Diagnostics**

**Recovery(2:00)**



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 137

Date: 10-Feb-2023 04:31:31 PM METS: 1.0/ 137 bpm 74% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:08 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogyam Diagnostics**

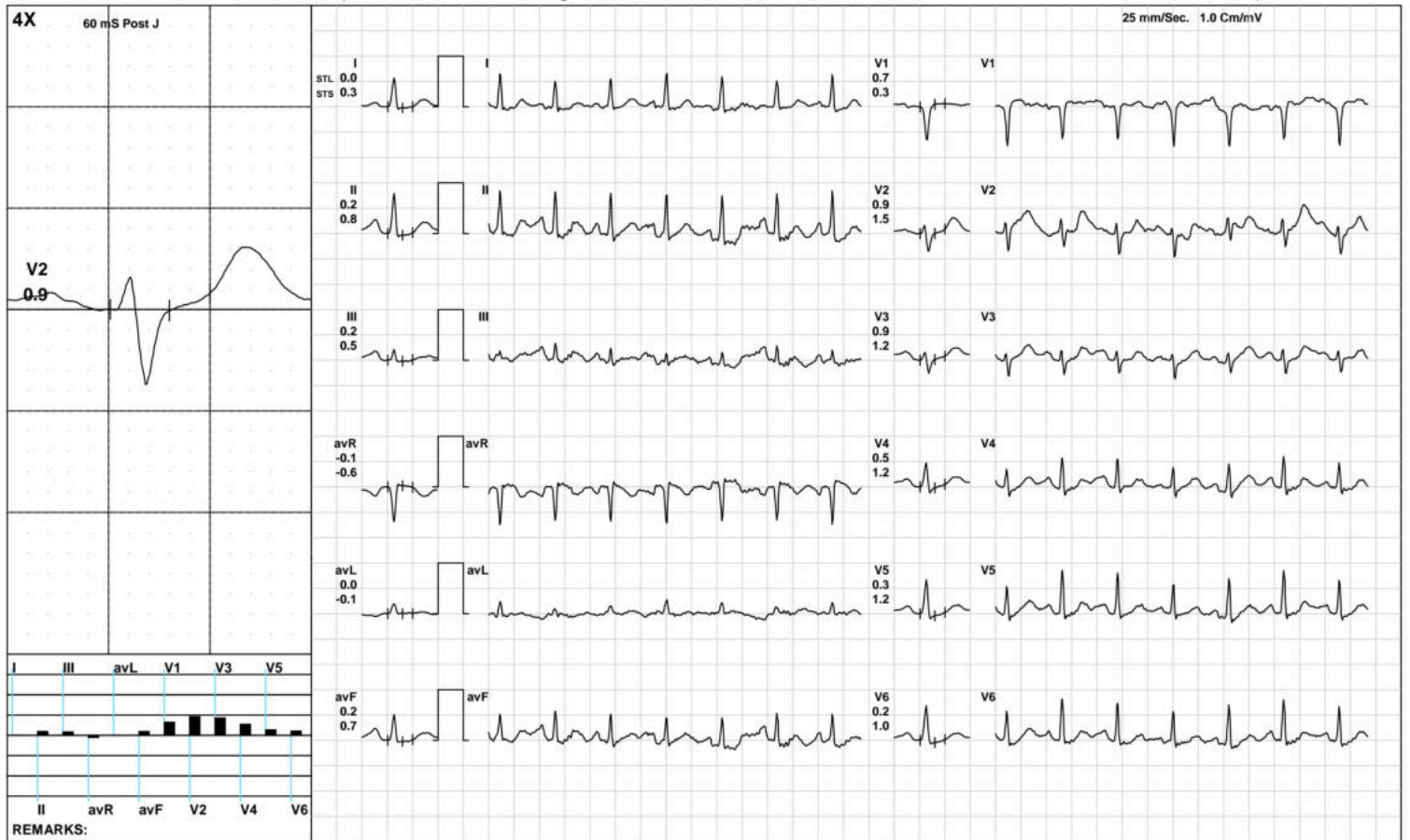
**Recovery(2:10)**



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 133

Date: 10-Feb-2023 04:31:31 PM METS: 1.0/ 133 bpm 71% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:08 1.1 mph, 0.0%



(GEM212170906)(R)Kardic by Allengers

**Aarogyam Diagnostics**

**ST Measurements**



1760 / NRS.SANGEETA KUMARI / 35 Yrs / F / 143 Cms / 55 Kg / HR : 94

Date: 10-Feb-2023 04:31:31 PM

Protocol : BRUCE/

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(mv/sec)
STL(mm)Supine	0.7	0.6	0.0	-0.6	0.4	0.2	0.1	1.5	0.6	0.7	0.7	0.6	0.7	0.8	0.2	-0.8	0.3	0.4	-0.5	1.2	0.3	0.5	0.7	0.6	
60 @mS Standing	0.7	0.6	0.0	-0.6	0.4	0.2	0.1	1.5	0.6	0.7	0.7	0.6	0.7	0.8	0.2	-0.8	0.3	0.4	-0.5	1.2	0.3	0.5	0.7	0.6	
HV	0.7	0.6	0.0	-0.6	0.4	0.2	0.1	1.5	0.6	0.7	0.7	0.6	0.7	0.8	0.2	-0.8	0.3	0.4	-0.5	1.2	0.3	0.5	0.7	0.6	
Warm Up	0.4	0.7	0.6	-0.5	0.0	0.5	0.1	1.2	0.4	0.5	0.4	0.4	0.5	0.6	0.2	-0.5	0.2	0.4	-0.3	0.9	0.2	0.4	0.5	0.5	
ExStart	0.4	0.4	0.1	-0.4	0.2	0.2	0.2	1.2	0.4	0.4	0.4	0.4	0.5	0.6	0.2	-0.5	0.2	0.4	-0.3	0.9	0.2	0.4	0.4	0.4	
Stage 1	-0.2	-0.5	0.0	0.4	-0.2	-0.3	0.5	1.5	0.7	0.5	0.5	0.4	0.8	0.9	0.1	-0.7	-0.1	0.6	0.1	2.1	1.3	1.5	1.6	1.5	
Stage 2	-0.1	0.4	0.1	-0.2	-0.1	0.4	0.6	1.4	1.0	0.5	0.3	0.3	0.9	1.9	1.0	-1.4	0.2	1.4	-0.2	2.2	1.6	1.5	1.3	1.4	
PeakEx	0.0	-0.8	-0.8	0.4	0.7	-0.8	0.5	0.6	0.0	-0.1	-0.3	-0.4	0.6	1.4	0.9	-1.0	0.1	1.2	0.2	1.9	1.6	1.5	1.5	1.2	
Recovery	0.3	0.8	0.5	-0.5	0.0	0.6	0.8	2.0	1.3	0.8	0.7	0.5	1.3	2.2	0.8	-1.7	0.1	1.5	0.0	2.6	1.8	1.8	1.7	1.4	
Recovery	0.4	0.8	0.4	-0.6	0.1	0.6	0.6	1.5	0.9	0.7	0.5	0.3	1.0	2.1	0.9	-1.5	0.3	1.6	-0.1	2.2	1.4	1.4	1.3	1.3	
Recovery	-0.1	0.1	0.1	0.0	-0.1	0.1	0.6	0.8	0.6	0.4	0.2	0.1	0.6	1.3	0.6	-1.0	0.0	0.9	0.2	1.1	1.2	1.3	1.2	1.1	

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STI(μVs)												
Supine	5.1	4.1	-0.4	-4.5	3.0	1.6	0.7	10.8	4.6	4.9	4.6	4.5
Standing	5.1	4.1	-0.4	-4.5	3.0	1.6	0.7	10.8	4.6	4.9	4.6	4.5
HV	5.1	4.1	-0.4	-4.5	3.0	1.6	0.7	10.8	4.6	4.9	4.6	4.5
Warm Up	3.1	4.9	4.3	-3.9	0.6	3.3	0.8	8.7	3.4	3.6	3.2	3.0
ExStart	3.3	3.4	0.6	-3.4	1.7	1.7	1.7	9.1	2.9	3.2	3.1	2.8
Stage 1	-3.5	-5.0	-0.1	4.2	-1.7	-3.2	3.0	4.4	1.6	0.2	-0.3	-0.8
Stage 2	-2.1	-1.1	-1.5	1.7	-0.8	-0.1	4.2	2.9	2.1	-0.6	-1.3	-1.5
PeakEx	-1.8	-8.0	-6.2	4.9	4.4	-7.1	2.7	-0.2	-2.9	-3.8	-3.9	-4.4
Recovery	-0.8	0.7	1.5	0.0	0.2	1.1	5.3	6.1	4.2	0.9	0.6	-0.1
Recovery	0.2	1.7	1.4	-1.0	-0.2	1.6	3.8	4.9	2.6	1.8	0.3	-0.5
Recovery	-1.4	-1.5	-0.1	1.5	-0.5	-0.8	3.7	2.5	2.0	0.4	-1.1	-1.5

**Median Measurement Summary**



Time (Min.)	HR (bpm)	PR Int (mS)	QRS Wid (mS)	QRS Axis (Deg.)	QTC (mS)	P(μV) (Max)	R(μV) (Max)	S(μV) (Min)	T(μV) (Max)	Min. J (μV)	Leads for (J & PJ)	Min. Post JRR Var (μV)	(%)	VEB (Counts)	Missed Beats (Counts)
00:30	122	98	72	63	151	355	758	-363	-564	-594	avF	-465	0.00	0	0
01:00	135	160	60	65	162	289	717	-349	350	-103	I	-117	0.00	0	0
01:30	148	124	68	49	346	233	683	-368	166	-136	V6	-76	0.00	0	0
02:00	149	124	58	42	308	228	711	-357	223	-107	II	-104	0.00	0	0
02:30	151	136	70	55	292	250	712	-362	205	-40	I	-50	0.00	0	0
03:00	151	96	68	46	413	258	681	-353	242	-99	II	-73	0.00	0	0
03:30	161	110	68	35	427	263	743	-342	231	-182	II	-135	0.00	0	0
04:00	161	116	68	51	410	261	710	-407	233	-158	III	-101	0.00	0	0
04:30	165	88	58	45	313	282	713	-514	219	-174	V5	-96	0.00	0	0
05:00	166	104	68	46	420	244	676	-379	222	-129	II	-112	0.00	0	0
05:30	168	64	76	48	317	246	683	-367	247	-138	V5	-80	0.00	0	0
06:00	166	116	58	46	303	305	702	-371	256	-124	II	-89	0.00	0	0
06:30	173	94	68	42	312	232	733	-380	272	-130	V5	-93	0.00	0	0
07:00	176	110	72	40	229	238	689	-568	227	-177	II	-117	0.00	0	0
07:30	169	110	110	45	309	270	626	-589	242	-92	V6	-76	0.00	0	0
08:00	153	124	76	50	392	279	744	-377	374	-102	V6	-19	0.00	0	0
08:30	146	122	76	41	399	256	761	-345	453	-75	V6	-19	0.00	0	0
09:00	142	144	72	46	409	261	827	-386	380	-21	avL	-16	0.00	0	0



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



30204100238

**TEST REPORT**

<b>Reg.No</b> : 30204100238	<b>Reg.Date</b> : 12-Feb-2023 10:37	<b>Collection</b> : 12-Feb-2023 10:37
<b>Name</b> : MS. SANGEETA KUMARI		<b>Received</b> : 12-Feb-2023 10:37
<b>Age</b> : 35 Years	<b>Sex</b> : Female	<b>Report</b> : 12-Feb-2023 14:57
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 12-Feb-2023 15:18
<b>Referral Dr</b> : □	<b>Status</b> : Final	<b>Location</b> : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID PROFILE</b>			
Tri-iodothyronine (Total T3) <i>Method:CLIA</i>	1.21	ng/mL	0.60 - 1.81
Thyroxin (Total T4) <i>Method:CLIA</i>	8.00	µg/dL	4.5 - 12.6
Thyroid Stimulating Hormone (TSH.) <i>Method:CLIA</i> Ultra Sensitive	H 5.807	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 uIU/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 uIU/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. Abhishek Mukherjee**

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 59390 (WBMC)