

7

BUB

भारत सरकार
Government of India

सुमन कुमार
Suman Kumar
जन्म तिथि/ DOB: 25/08/1991
पुरुष / MALE

5222 0234 8336

मेरा आधार, मेरी पहचान



ID: 164
SUMAN KUMAR
Male 31Years

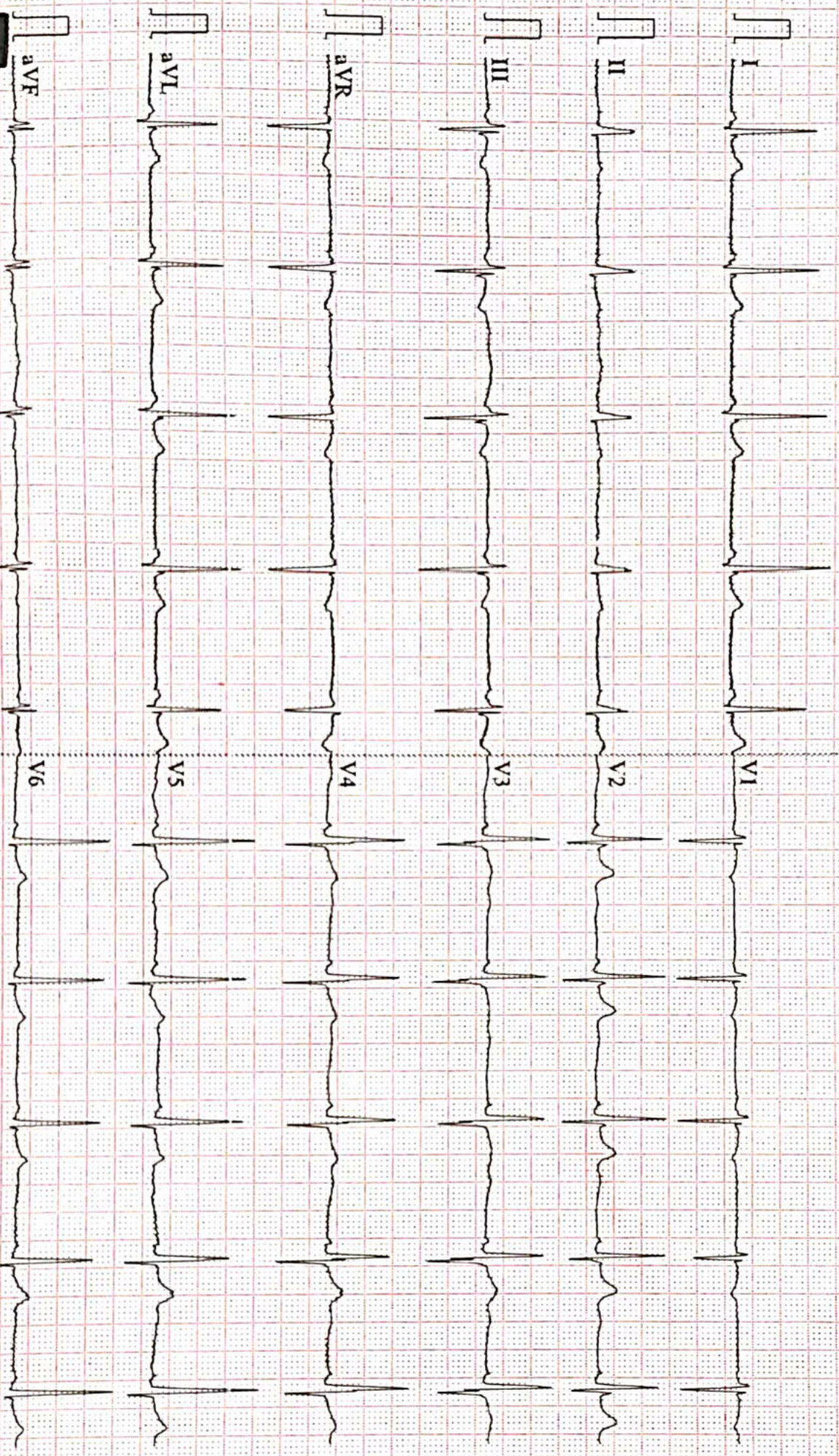
08-10-2022 10:35:24 AM

HR : 59 bpm
P : 78 ms
PR : 104 ms
QRS : 92 ms
QT/QTc : 393/390 ms
PQRS/T : -30/-7/-14 °
RV5/SV1 : 1.630/0.982 mV

Diagnosis Information:

Sinus Bradycardia with Sinus Arrhythmia
Short PR Interval
High Voltage(Left Ventricle)

Ref-Phys: :
Report Confirmed by:



0.07-100Hz AC 50 25mm/s 10mm/mV 2±5.0s V2.2 SEMIF VI.6I DAIGNOSTIC



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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

Name :- Suman Kumar
Refd by :- BoB

Age/Sex:-31Yrs/M
Date :-08/10/22

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Enlarged in size (15.8cm) 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(8.7cm) 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 9.4cm and Left Kidney measures 9.6cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size(11 cc) & normal echotexture.
- Others** :- No ascites. No free subphrenic / basal pleural space collection is seen.
No free subphrenic / basal pleural space collection is seen.
Excessive Bowel Gas.

IMPRESSION:- *Hepatomegaly with Grade I Fatty Liver.
Excessive Bowel Gas.
Otherwise Normal Scan.*

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



Date	08/10/2022	Srl No.	11	Patient Id	2210080011
Name	Mr. SUMAN KUMAR	Age	31 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.3	%	
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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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Date	08/10/2022	Srl No. 11	Patient Id 2210080011
Name	Mr. SUMAN KUMAR	Age 31 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.2	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	8,200	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	68	%	40 - 75
LYMPHOCYTE	25	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	14	mm/1st hr.	0 - 15
R B C COUNT	4.40	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	39.7	%	40 - 54
M C V	90.23	fl.	80 - 100
M C H	30	Picogram	27.0 - 31.0
M C H C	33.2	gm/dl	33 - 37
PLATELET COUNT	2.32	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	85.9	mg/dl	70 - 110
SERUM CREATININE	0.91	mg%	0.7 - 1.4
BLOOD UREA	24.7	mg /dl	15.0 - 45.0
BLOOD UREA NITROGEN (BUN)	11.542	mg%	6.0 - 20.0
SERUM URIC ACID	4.6	mg%	3.4 - 7.0

LIVER FUNCTION TEST (LFT)

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	6.9	gm/dl	6.6 - 8.3
ALBUMIN	3.6	gm/dl	3.4 - 5.2
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.091		
SGOT	45.3	IU/L	5 - 40
SGPT	49.2	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	83.7	U/L	40.0 - 130.0
GAMMA GT	23.9	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	93.5	mg/dL	25.0 - 165.0
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Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL	194.2	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	63.8	mg/dL	35.1 - 88.0
V L D L	18.7	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	111.7	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.044		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.751		0.00 - 3.55

THYROID PROFILE

T3	1.142	ng/ml	0.60 - 1.81
T4 Chemiluminescence	8.26	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.489	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.

**** End Of Report ****

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