



भारत सरकार
GOVERNMENT OF INDIA



अनामिका सिन्हा

Anamika Sinha

जन्म तिथि/ DOB: 07/12/1988.

महिला / FEMALE



7410 5713 2163

मेरा आधार, मेरी पहचान

150
120

Patient Name	ANAMIKA SINHA	Date	05-10-2024
Age/Sex	35/F	Ref. Dr.	CORPORATE

CHEST X-ray(PA)

FINDINGS:

Normal bronchovascular markings in bilateral lung fields

Bilateral hila are normal.

Trachea appears normal.

Visualized bones are grossly normal.

Cardiac shadow is within normal limits

Bilateral costophrenic angles are clear.

Impression :

- *No significant abnormality detected.*



Dr. Sandip Maheshwari

MD Radio diagnosis



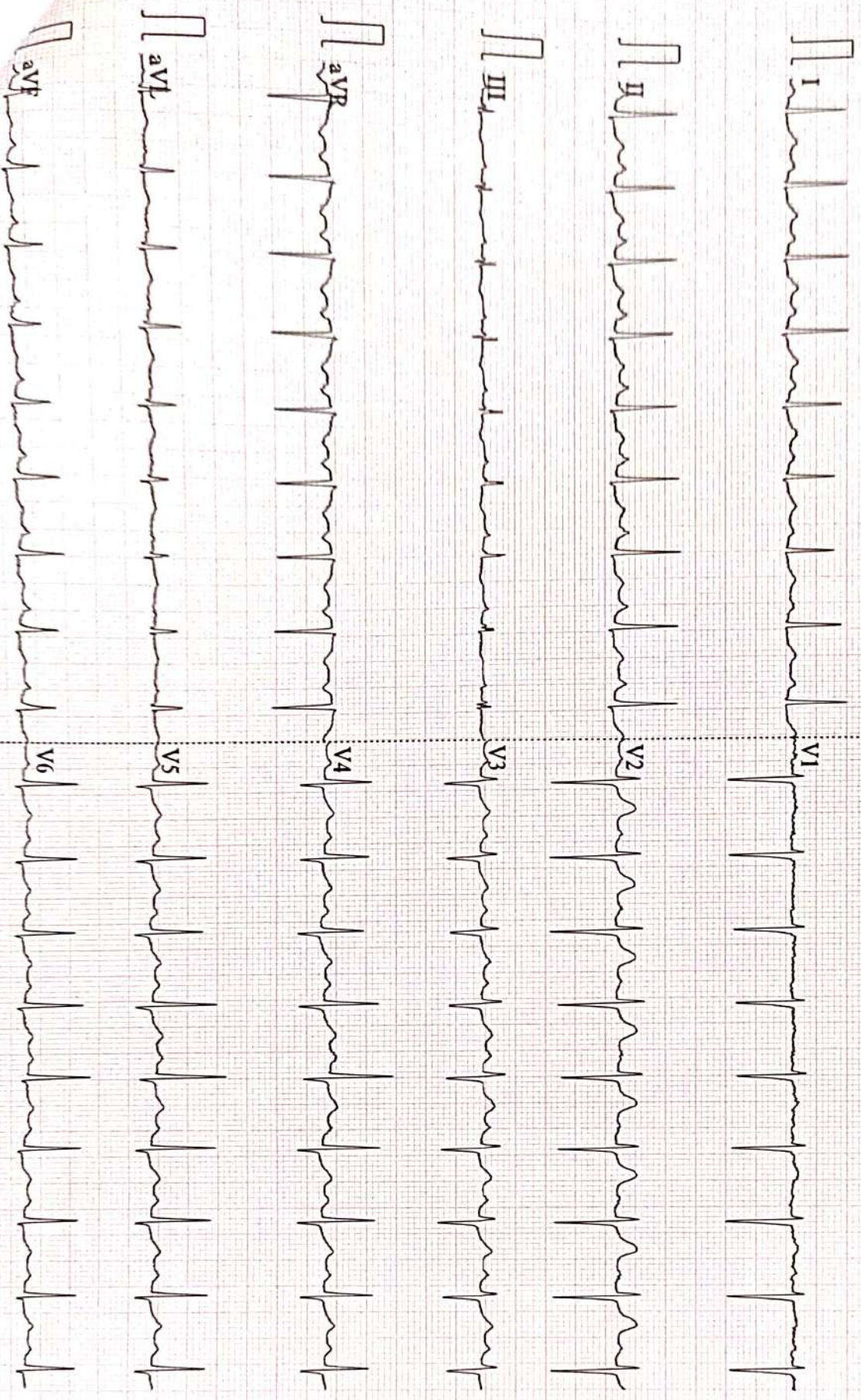
ID: 073
ANAMIKA SINHA
Female 35Years

05-10-2024 12:39:52 PM

HR : 106 bpm
P : 97 ms
PR : 166 ms
QRS : 78 ms
QT/QTc : 330/439 ms
PQRS/T : 58/44/18 °
RV5/SV1 : 0.994/1.002 mV

Diagnosis Information:
Sinus Tachycardia

R. P. RAYAN MD
R. P. RAYAN MD
33940
Repetitively Confirmed by:



05-10-2024 12:39:52 PM
V22 SEMIP V1.81 DAIGNOSTIC



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	05/10/2024	Srl No. 18	Patient Id 2410050018
Name	Mrs. ANAMIKA SINHA	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.0	%	

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



Date	05/10/2024	Srl No. 18	Patient Id 2410050018
Name	Mrs. ANAMIKA SINHA	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	12.4	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	7,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	17	mm/1st hr.	0 - 20
R B C COUNT	4.13	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	37.2	%	35 - 45
M C V	90.07	fl.	80 - 100
M C H	30.02	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	1.96	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	82.6	mg/dl	70 - 110
SERUM CREATININE	0.84	mg%	0.5 - 1.3
BLOOD UREA	23.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	6.12	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



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Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	1.14	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.22	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.92	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.28	gm/dl	6.6 - 8.3
ALBUMIN	4.39	gm/dl	3.4 - 5.2
GLOBULIN	2.89	gm/dl	2.3 - 3.5
A/G RATIO	1.519		
SGOT	61.7	IU/L	5 - 35
SGPT	63.5	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	83.6	U/L	35.0 - 104.0
GAMMA GT	25.2	IU/L	6.0 - 42.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	102.4	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	165.7	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	59.5	mg/dL	35.1 - 88.0
V L D L	20.48	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	85.72	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.785		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.441		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	



Date	05/10/2024	Srl No. 18	Patient Id 2410050018
Name	Mrs. ANAMIKA SINHA	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-3	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-4	/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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Name	Mrs. ANAMIKA SINHA	Age 35 Yrs.	Sex F
Ref. By Dr.BOB			

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 ****

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Date 05/10/2024

Srl No. 18

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Name Mrs. ANAMIKA SINHA

Age 35 Yrs.

Sex F

Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

BLOOD SUGAR PP

106.2

mg/dl

80 - 160

**** End Of Report ****

Dr.R.B.RAMAN
MBBS, MD

CONSULTANT PATHOLOGIST



Lab Facility : Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat
 Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in
 Regd. Of- ce : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
 CIN: U85195GJ2009PLC057059



41004100144

TEST REPORT

Reg.No : 41004100144	Reg.Date : 06-Oct-2024 15:27	Collection : 06-Oct-2024 15:27
Name : ANAMIKA SINHA		Received : 06-Oct-2024 15:27
Age : 35 Years	Sex : Female	Report : 06-Oct-2024 16:15
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 06-Oct-2024 16:35
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	0.97	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	9.14	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.406	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. Rina Prajapati
D.C.P. DNB (Path)
G-21793

Dr. Razvin Somani

M.D. Pathology
Reg. No.:G-51211



Name :- Anamika Sinha
Refd by :- Corp

Age/Sex:- 35Yrs/F
Date :- 05/10/24

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Enlarged in size(15.9cm) 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 (9.9cm) 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 9.5cm and Left Kidney measures 9.7cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Normal in size (7.0cm x 3.7cm) and anteverted in position with normal myometrial echotexture and endometrial thickness (6.3mm). A small cyst of measuring size 6.6 mm seen in cervix -Nabothian cyst.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 23mm x 14mm and Left ovary measures 25mm x 18mm. No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Hepatomegaly with Grade-I Fatty Liver.
A Small Nabothian Cyst.
Otherwise Normal Scan.*

Dr. Arun Kumar
MBBS, DMRD (Radio-Diagnosis)
Consultant Radiologist



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Patient's Name: Anamika Sinha	Date: 07/10/2024
Ref. By:- Self	Age/Sex: 35 Yrs. /Female
Indication for study:- R/O SHD	

ECHOCARDIOGRAPHY REPORT

MEASUREMENTS:

Aortic root diameter	2.8	Normal	2.0-3.7cm <2.2cm/M ²
Aortic valve opening			1.5-2.6cm
Left atrial dimension	2.9		0.9 – 4.0 cm < 2.2 cm / M ²
LEFT VENTRICLE:		Normal	
ED dimension	4.7		3.7 – 5.6 cm < 3.2 cm / M ²
ES dimension	3.0		2.2 – 4.0 cm
ED IVS thickness	0.6		0.6-1.0 cm
ED PW thickness	0.9		0.6-1.0 cm
ES IVS thickness	0.9		
ES PW thickness			

MITRAL VALVE

E Velocity = 44 cm/sec	A velocity = 77 cm/sec	E/A =	DT = cm/s.
Max. PG = 2.6 mmHg	Mean PG = mmHg		
Mitral Regurgitation: Nil			
Mitral stenosis: Nil			

AORTIC VALVE

Max. Velocity = 122 cm/sec	Mean Velocity = cm/sec
Max PG = 5.9 mmHg	Mean PG = mmHg
Aortic Regurgitation: Nil	PHT = ms
Aortic stenosis: Nil	Slope =

TRICUSPID VALVE

Max. Velocity = 48 cm/sec	Max PG = 0.9 mmHg
Tricuspid Regurgitation: Nil	PASP = mmHg
Tricuspid stenosis: Nil	

PULMONARY VALVE

Max. Velocity = cm/sec	Max PG = mmHg
Pulmonary Regurgitation: Nil	PAEDP = mmHg
Pulmonary stenosis: Nil	

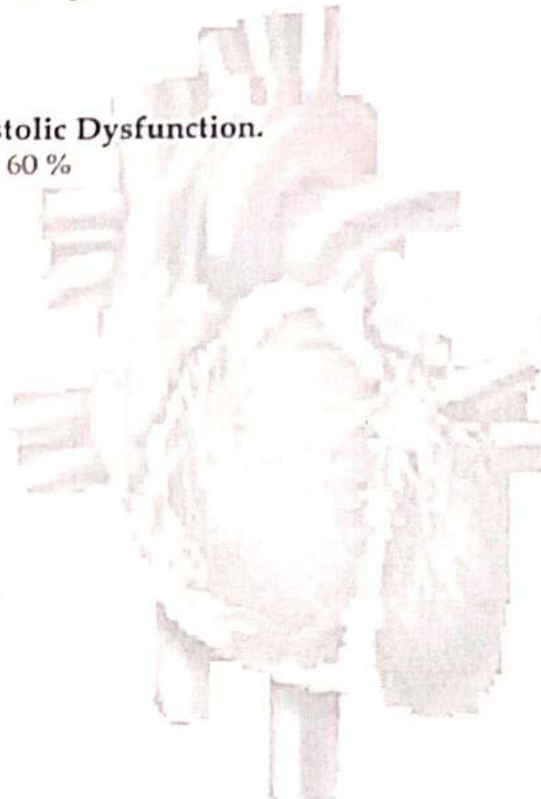
IMPRESSION- bpm : Normal acoustic Window.

- ◆ No Regional wall motion abnormality Seen. Normal LV function.
- ◆ LVEF= 60 %
- ◆ Cardiac chambers are normal.
- ◆ No MR.
- ◆ No TR.
- ◆ No AR.
- ◆ Aortic valve is tricuspid.
- ◆ No COA.
- ◆ No intracardiac clot/vegetation/P.E.

FINAL IMP-

Grade I Diastolic Dysfunction.

LVEF= 60 %



Dr. Sandeep Kumar
MD (Medicine)
Consultant Cardiologist