



SUBHAM IMAGING & A.L.C. DIAGNOSTICS CENTRE

H.O. : Ajay Market, Bank of Baroda Building, East Ashok Nagar, Kankarbagh, Patna - 20

B.O. : Khanpura Road (Below Gyan Sharowar School), Paliganj, Patna.

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OPINION MUST BE CORRELATES WITH CLINICAL & OTHER INVESTIGATION FOR DIAGNOSIS NOT FOR MEDICO LEGAL PURPOSE

Pt. Name :- SUPRIYA DOKANIA

Date:- 17-Jan-22

Ref. By :- DR. / AROGYAM

Age / Sex :- 31 Yrs. F.

REAL TIME U.S.G. OF WHOLE ABDOMEN

Thanks for your kind referral

(Report)

- LIVER** :- Measures 12.76 cm. Normal in shape , size and echo texture .I.H.B.R. are not dilated. Hepatic veins are normal. No SOL seen.
- G.BL.** :- Distended in Size Its Wall Appear Thickened Measures 6 mm A Calculus Measures 18 mm seen in GB lumen Casting Posterior Acoustic Shadow
- C.B.D.** :- Measures 3.5 mm in diameter with echo free lumen. No calculi or mass seen.
- P.V.** :- Measures 7.4 mm in diameter. Appears normal. No thrombus seen.
- PANCREAS** :- Normal in shape, size and echo texture. No calcification mass seen.
- SPLEEN** :- Measures 8.9 cm. Normal in shape, size and echo texture. No SOL seen.
- KIDNEY** :- Both kidney shows normal shape, size & echo texture. C.M.D .intact. P.C.S.is not dilated. No calculi, cyst or hydronephrosis seen on either side.
Right Kidney :- Measures 10.6 x 4.4 cm.
Left Kidney :- Measures 9.6 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 – 345 ml. Post void – is in significant
- UTERUS** :- Is Slightly Enlarged and balky in size measures 9.30 X 5.50 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 – 2.10 cm Lt Ovary Measures 2.30 cm
- P.O.D**;- Mild collection seen in POD-PID
- R.I.F.** :- Son graphically no appendicular mass or collection seen.
- OTHERS** :- No ascites , lymph adenopathy. No pleural effusion seen on either side

IMPRESSION

- **Cholelithiasis With Cholecystitis**
 - **Slightly Enlarged Bulky Uterus With Mild Collection Seen In POD -? PID**
 - **Adv :- Further Work Up / Other Investigation**
- Otherwise sonographically normal scan. of rest organs*

17/1/22
Consultant Radiologist

ESTB BY:-

Dr. P. K. Tiwari

MD, M.Sc (Radio Imaging)
Ph.D (Alt Nuclear Medicine)

Consultant Imagionologist & Sonologist

Dr. S. Kumar

MD. (Pat)
Consultant Pathologist

Dr. A. K. Singh

MBBS, PGDMCH
Consultant Radiologist & Sonologist

SUPRITA DOKANIA

Female 33Years

HR : 48 bpm

P : 99 ms

PR : 145 ms

QRS : 88 ms

QT/QTc : 410/368 ms

P/QRS/T : 56/30/25 °

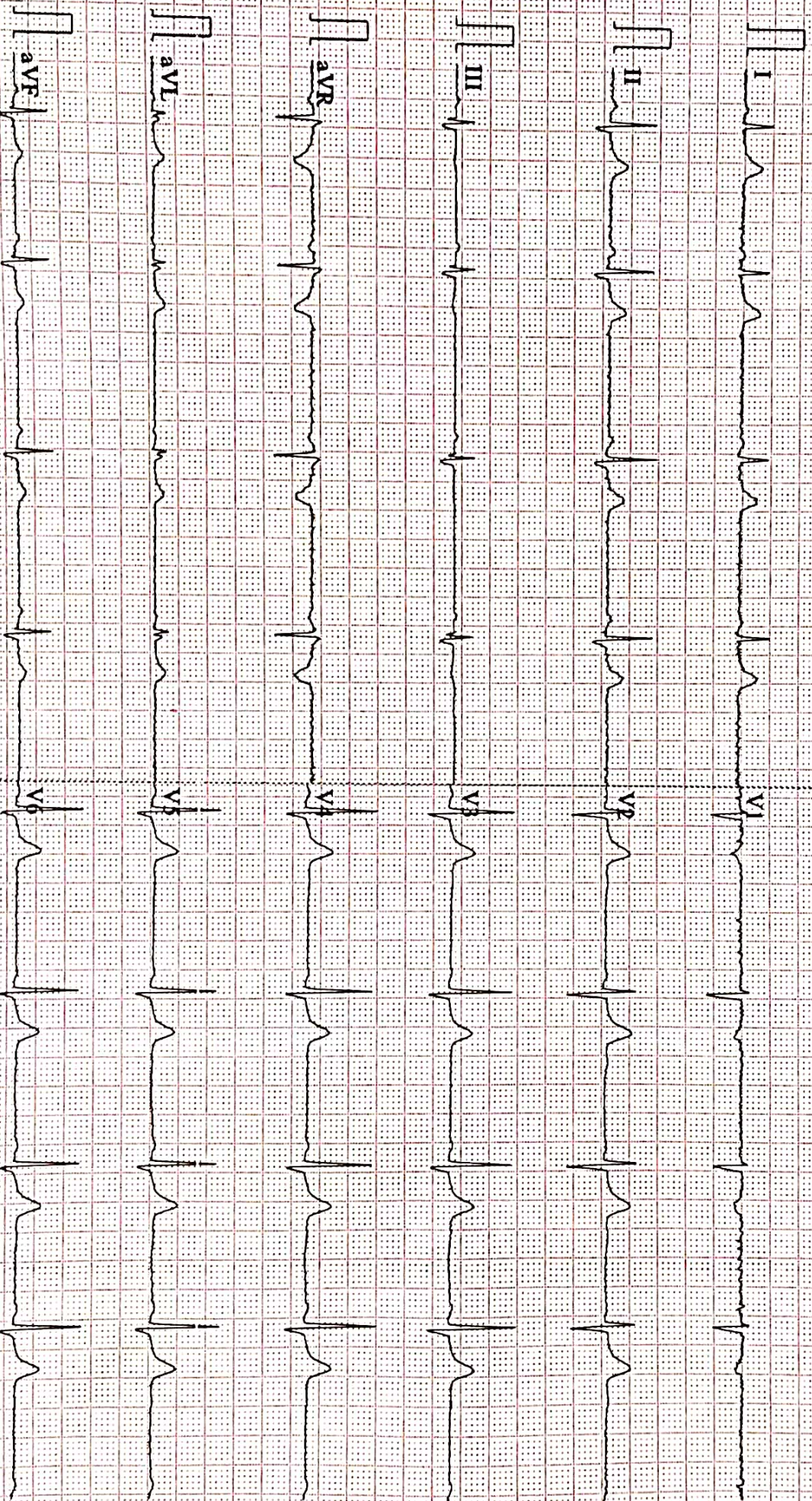
RV5/SV1 : 1.163/0.528 mV

Diagnosis Information:

Sinus Bradycardia with Sinus Arrhythmia

Ref-Phys: :

Report Confirmed by:





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 (A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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 info@aarogyamdiagnostics.com
 www.aarogyamdiagnostics.com

Date	17/01/2022	Srl No.	9	Patient Id	2201170009
Name	Mrs. SUPRITA DOKANIA	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	5.0	%	
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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)	11.8	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,200	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	62	%	40 - 75
LYMPHOCYTE	31	%	20 - 45
EOSINOPHIL	03	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	14	mm/1st hr.	0 - 20
R B C COUNT	3.92	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	35.4	%	35 - 45
M C V	90.31	fl.	80 - 100
M C H	30.1	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.61	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	77.8	mg/dl	70 - 110
SERUM CREATININE	0.79	mg%	0.5 - 1.3
BLOOD UREA	29.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	3.7	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.62	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.17	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.45	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	27.3	IU/L	5 - 35
SGPT	36.5	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	83.3	U/L	35.0 - 104.0
GAMMA GT	26.1	IU/L	6.0 - 42.0

LFT INTERPRET**LIPID PROFILE**

TRIGLYCERIDES	71.3	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	159.6	mg/dL	29.0 - 199.0



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Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	39.7	mg/dL	35.1 - 88.0
V L D L	14.26	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	105.64	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	4.02		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.661		0.00 - 3.55
THYROID PROFILE			
T3	0.82	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.53	ug/dl	4.5 - 10.9
TSH Chemiluminescence	1.27	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	20	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.030	
PH	6.0	

CHEMICAL EXAMINATION

ALBUMIN	NIL
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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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