



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	26/11/2021	Srl No.	17	Patient Id	2111260017
Name	Mr. SURESH CHIDAMBARAM	Age	57 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

HB A1C	8.9	%	
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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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Name	Mr. SURESH CHIDAMBARAM	Age 57 Yrs.	Sex M
Ref. By Dr.BOB			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.8	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,600	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	66	%	40 - 75
LYMPHOCYTE	31	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	14	mm/1st hr.	0 - 15
R B C COUNT	4.6	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	41.4	%	40 - 54
M C V	90	fl.	80 - 100
M C H	30	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.74	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	NEGATIVE		

**** End Of Report ****

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BIOCHEMISTRY

BLOOD SUGAR FASTING	99.5	mg/dl	70 - 110
BLOOD SUGAR PP	157.5	mg/dl	80 - 160
SERUM CREATININE	1.2	mg%	0.7 - 1.4
BLOOD UREA	21.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.2	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.65	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.1	gm/dl	6.6 - 8.3
ALBUMIN	4.0	gm/dl	3.4 - 4.8
GLOBULIN	3.1	gm/dl	2.3 - 3.5
A/G RATIO	1.29		
SGOT	27.8	IU/L	5 - 40
SGPT	29.2	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	80.1	U/L	40.0 - 130.0
GAMMA GT	25.48	IU/L	8.0 - 71.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	91.2	mg/dL	25.0 - 165.0
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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL	172.2	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	59.7	mg/dL	35.1 - 88.0
V L D L	18.24	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	94.26	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.884		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.579		0.00 - 3.55
THYROID PROFILE			
T3	0.59	ng/ml	0.60 - 1.81
T4 Chemiluminescence	6.0	ug/dl	4.5 - 10.9
TSH Chemiluminescence	2.866	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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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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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	



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Ref. By Dr.BOB		

Test Name	Value	Unit	Normal Value
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CHEMICAL EXAMINATION

ALBUMIN	NIL		
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SUGAR	NIL		
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MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/HPF	
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RBC'S	NIL	/HPF	
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CASTS	NIL		
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CRYSTALS	NIL		
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EPITHELIAL CELLS	0-1	/HPF	
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BACTERIA	NIL		
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OTHERS	NIL		
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**** End Of Report ****

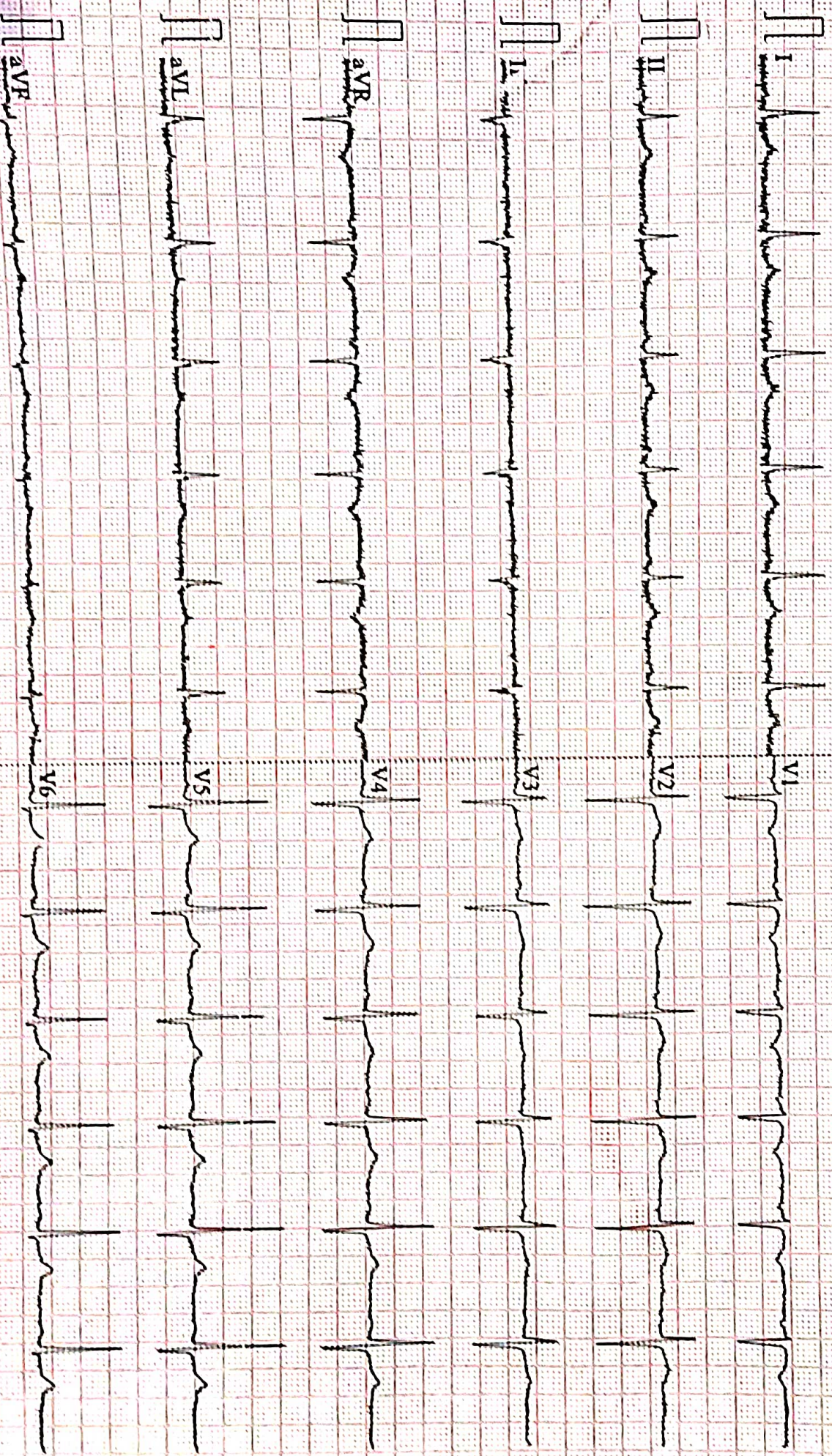
Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST

ID-32
SURESH CHIDAMBARAM
Male 57years

26-11-2021 10:12:42 AM
HR : 74 bpm
P : 99 ms
PR : 150 ms
QRS : 80 ms
QT/QTc : 374/417 ms
PQRST : 59/7/35 °
RV5/SV1 : 1450/0.818 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



25mm/s 10mm/mV 25.0s 74 V2.2 SEMIP V1.81 DIAGNOSTIC



SUBHAM IMAGING & A.L.C. DIAGNOSTICS CENTRE

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

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

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

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

Pt. Name :- SURESH CHIDAMBRAM
Ref. By :- DR . / AAROGYAM

Date:- 26-Nov-21
Age / Sex 57 Yrs. M.

REAL TIME U.S.G. OF WHOLE ABDOMEN Thanks for your kind referral

(Report.)

- LIVER** :- Measures 15.87 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 3.3 mm in diameter with echo free lumen. No calculi or mass seen.
- P.V.** :- Measures 7.2 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 & echotexture. C.M.D.intact.
P.C.S.is not dilated. No calculi, cyst or hydronephrosis seen on either side.
Right Kidney :- Measures 10.90 X 4.1 cm.
Left Kidney :- Measures 10.10 X 4.2 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 – 310 ml. Post void – is in significant
- PROSTATE** :- Measures 22 gms.(approx). Appears Mild Enlarged in size, shape, and echo texture. No calcification , mass ,growth seen. capsule is intact
- R.I.F.** :- Son graphically no appendicular mass or collection seen.
- OTHERS** :- No Ascites . no Lymph Adenopathy. No pleural effusion seen on either side .

IMPRESSION

- Mild Hepatomegaly
- Mild Enlarged prostate (BPH) Grade –I
- Adv :- Further Work Up / Other Investigation

26/11/21

Consultant Radiologist

ESTB BY:-

Dr. P. K. Tiwari
MD, BRIT (Radio Imaging)
Consultant Imagonologist & Sonologist
A.L.C. Diagnostics & Research Centre, Patna

Dr. S. Kumar
MD. (Pat)
Consultant Pathologist

Dr. A. K. Singh
MBBS, PGDMCH
Consultant Radiologist & Sonologist



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Date 26/11/2021

Srl No. 19

Patient Id 2111260019

Name Mr. SURESH CHIDAMBARAM

Age 57 Yrs.

Sex M

Ref. By Dr.BOB

Test Name	Value	Unit	Normal Value
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SEROLOGY

TOTAL PSA

Chemiluminescence

1.350

ng/ml

INTERPRETATION :

Expected Values :

99%	:	of Healthy males	0.0-4.0 ng/ml
80%	:	of Benign prostatic hypertrophy	0.0-4.0 ng/ml
81%	:	of Prostatic Carcinomas	Above 4.0 ng/ml

PSA is reliable tumour marker for already diagnosed prostatic carcinomas. It is uniquely associated only with prostatic tissue, and therefore is specific for it. Baseline levels measured prior to therapeutic intervention and followed later by serial periodical measurements will predict the outcome of therapy. It also helps in early discovery of recurrences, relapses and metastases.

RECOMMENDED TESTING INTERVALS :

First Determination	:	Preoperatively (Baseline)
Second Determination	:	2-4 days Postoperatively
Third Determination	:	Before discharge from hospital
Follow-up Determinations	:	
If levels are high/show rising trend	:	Monthly
If levels are normal	:	Every 3 monthly initially, later annually.

In general, tumor marker levels are directly proportional to the tumour mass and the stage of the cancer. However, it is the rate of change of the tumor marker level which is more important, rather than its absolute value.

A 50% change may be considered clinically significant. It must be emphasised that PSA may also be elevated in benign prostatic hypertrophy and inflammatory conditions of the surrounding genitourinary

tract. Therefore, this parameter should never be used as a screening test for diagnosing prostatic carcinomas but only as an aid in follow up studies.