



भारत सरकार
GOVERNMENT OF INDIA



फैज़ अहमद

Faiz Ahmad

जन्म तिथि/DOB: 28/01/1983

पुरुष / MALE



7334 3181 8302

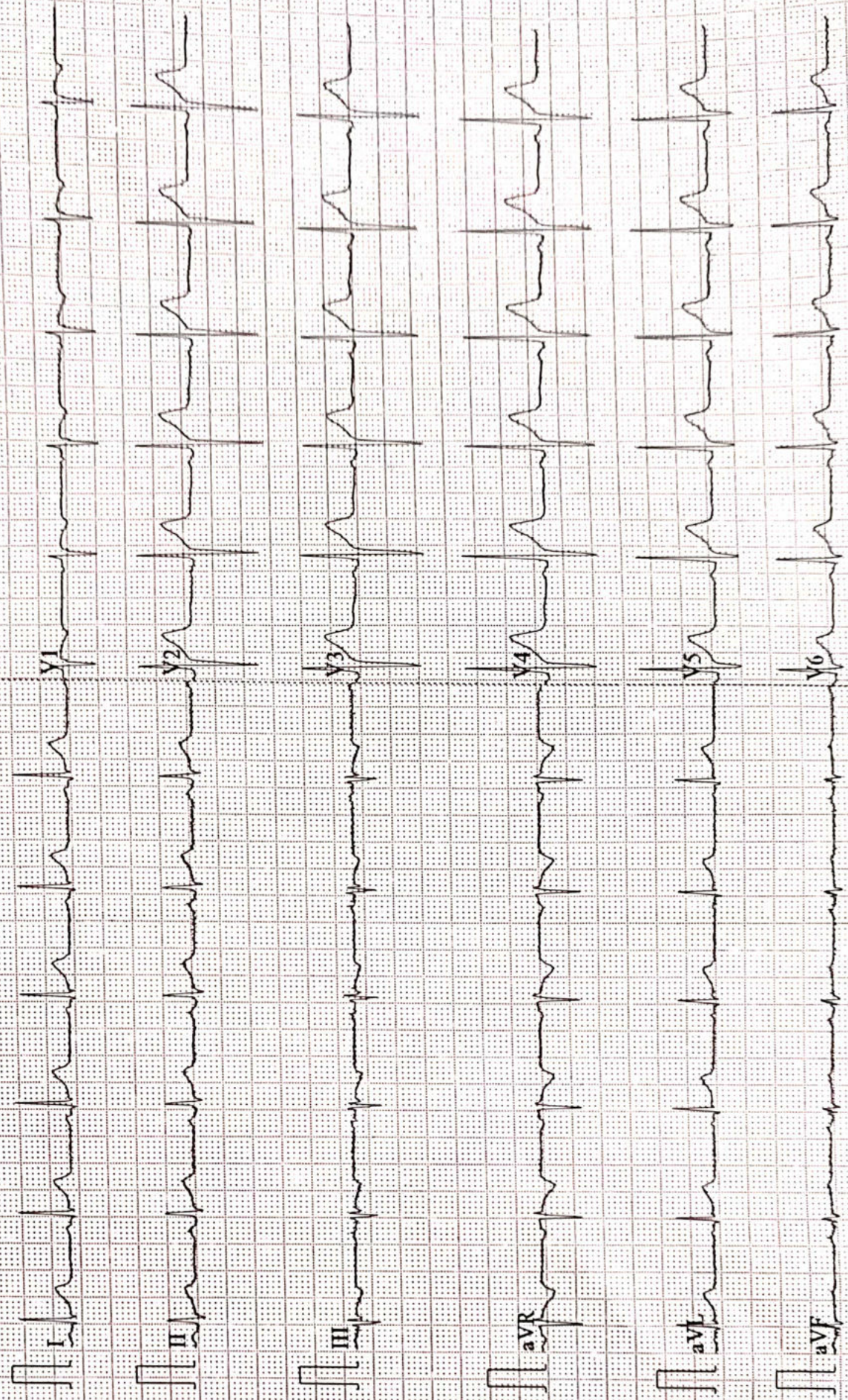
- आम आदमी का अधिकार

ID: 557
FAIZ AHMAD
Male 40Years

HR : 72 bpm
P : 99 ms
PR : 144 ms
QRS : 88 ms
QT/QTc : 346/380 ms
P/QRST : 54/14/12 °
RV5/SV1 : 1.329/0.606 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Ref-Phys. :
Report Confirmed by:





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	28/01/2023	Srl No.	17	Patient Id	2301280017
Name	Mr. FAIZ AHMAD	Age	40 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	13.6	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	8,000	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	60	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/1st hr.	0 - 15
R B C COUNT	4.76	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	40.09	%	40 - 54
M C V	84.22	fl.	80 - 100
M C H	28.57	Picogram	27.0 - 31.0
M C H C	33.9	gm/dl	33 - 37
PLATELET COUNT	2.15	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"AB"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	249.1	mg/dl	70 - 110
SERUM CREATININE	1.24	mg%	0.7 - 1.4
BLOOD UREA	24.1	mg /dl	15.0 - 45.0



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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
SERUM URIC ACID	4.5	mg%	3.4 - 7.0
<u>LIVER FUNCTION TEST (LFT)</u>			
BILIRUBIN TOTAL	0.69	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.24	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.45	mg/dl	0.00 - 0.70
TOTAL PROTEIN	6.5	gm/dl	6.6 - 8.3
ALBUMIN	3.7	gm/dl	3.4 - 5.2
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	1.321		
SGOT	28.9	IU/L	5 - 40
SGPT	31.6	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	115.9	U/L	40.0 - 130.0
GAMMA GT	23.5	IU/L	8.0 - 71.0
LFT INTERPRET			
<u>LIPID PROFILE</u>			
TRIGLYCERIDES	97.9	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	215.9	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	51.2	mg/dL	35.1 - 88.0
V L D L	19.58	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	145.12	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	4.217		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.834		0.00 - 3.55



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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
THYROID PROFILE			
T3	1.13	ng/ml	0.60 - 1.81
T4 Chemiluminescence	8.76	ug/dl	4.5 - 10.9
TSH Chemiluminescence	2.134	uIU/ml	
REFERENCE RANGE			
<u>PAEDIATRIC AGE GROUP</u>			
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
<u>ADULTS</u>	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.

QUANTITY	20	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.025	
PH	6.0	
ALBUMIN	NIL	



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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-3	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

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 ****

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



Name :- Faiz Ahmad
Refd by :- Corp

Age/Sex:- 40Yrs/M
Date :-28/01/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Enlarged in size (16.4cm) 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(9.7cm) 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 10.2cm and Left Kidney measures 10.2cm.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size (18.1cc)& echotexture.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

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

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



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



30104100408

TEST REPORT

Reg.No	: 30104100408	Reg.Date	: 29-Jan-2023 10:34	Collection	: 29-Jan-2023 10:34
Name	: MR. FAIZ AHMAD	Received	: 29-Jan-2023 10:34	Report	: 29-Jan-2023 19:32
Age	: 40 Years	Sex	: Male	Dispatch	: 29-Jan-2023 19:53
Referred By	: AAROGYAM DIAGNOSTICS @ PATNA	Status	: Final	Location	: 41 - PATNA
Referral Dr	: □				

Clinical Biochemistry

Parameter	Result	Biological Reference Interval
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HbA1c	12.64	Non diabetic adult ≥ 18 yrs < 5.7 % Prediabetic : 5.7 - 6.4 Diabetic : > 6.5
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Method:(Boronate Affinity) HPLC

Sample Type: EDTA Whole Blood

Comments: The Premier Hb9210™ uses patented boronate affinity HPLC to detect all of the glycosylated Hb species present. The final HbA1c result is determined from a simple peak area fraction, as there are only two peaks on the chromatogram: 1. One non-glycosylated (all other haemoglobin types) 2. One glycosylated (directly correlated to the HbA1c result).

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

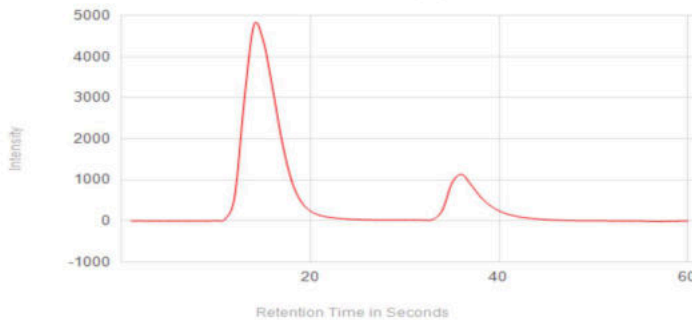
Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

3. Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. hemolytic anaemia) will falsely lower HbA1c results regardless of the assay method

American Diabetes Association criteria for correlation between HbA1c and Mean Plasma Glucose levels :

HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298



HbA1C: 12.64 %

Sample No: 30104100408

Dr. Mandeep Bedi

MBBS, DCP, MD (PATHOLOGY)
HEAD OF HEMATOLOGY & CLINICAL PATHOLOGY
55315 (WBMC)



MC-3319

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----- End Of Report -----

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