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Date 09/01/2022 Srl No. 9 Patient ld 2201090009

Name Mr. NAVEEN KR. PASWAN Age 31 Yrs. Sex M

Ref. By Dr.BOB

Test Name Value Unit Normal Value

## **HAEMATOLOGY**

HB A1C 5.1 %

#### **EXPECTED VALUES:**

Metabolicaly healthy patients = 4.8 - 5.5 % HbAIC

Good Control = 5.5 - 6.8 % HbAlC Fair Control = 6.8-8.2 % HbAlC Poor Control = >8.2 % HbAlC

#### **REMARKS:-**

In vitro quantitative determination of HbAIC in whole blood is utilized in long term monitoring of glycemia

The **HbAIC** 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 **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes

Mellitus therapy.

Results of **HbAIC** 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)	12.0	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	6,800	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC	)		
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	32	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	12	mm/lst hr.	0 - 15
R B C COUNT	4.1	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	36	%	40 - 54
MCV	87.8	fl.	80 - 100
MCH	29.27	Picogram	27.0 - 31.0
MCHC	33.3	gm/dl	33 - 37
PLATELET COUNT	2.42	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

\*\*\*\* End Of Report \*\*\*\*

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Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value			
BIOCHEMISTRY						
BLOOD SUGAR FASTING	83.7	mg/dl	70 - 110			
SERUM CREATININE	0.87	mg%	0.7 - 1.4			
BLOOD UREA	25.3	mg /dl	15.0 - 45.0			
SERUM URIC ACID	3.8	mg%	3.4 - 7.0			
LIVER FUNCTION TEST (LFT)						
BILIRUBIN TOTAL	0.58	mg/dl	0 - 1.0			
CONJUGATED (D. Bilirubin)	0.15	mg/dl	0.00 - 0.40			
UNCONJUGATED (I.D.Bilirubin)	0.43	mg/dl	0.00 - 0.70			
TOTAL PROTEIN	6.9	gm/dl	6.6 - 8.3			
ALBUMIN	3.7	gm/dl	3.4 - 5.2			
GLOBULIN	3.2	gm/dl	2.3 - 3.5			
A/G RATIO	1.156					
SGOT	21.4	IU/L	5 - 40			
SGPT	23.8	IU/L	5.0 - 55.0			
ALKALINE PHOSPHATASE IFCC Method	107.4	U/L	40.0 - 130.0			
GAMMA GT  LFT INTERPRET	25.3	IU/L	8.0 - 71.0			
LIPID PROFILE						
TRIGLYCERIDES	86.9	mg/dL	25.0 - 165.0			
TOTAL CHOLESTEROL	135.6	mg/dL	29.0 - 199.0			



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Date 09/01/2022 Name Mr. NAVEEN KR. PASWAN Ref. By Dr.BOB	Srl No. Age	9 31 Yrs.	Patient Id 2201090009 Sex M
Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	43.0	mg/dL	35.1 - 88.0
VLDL	17.38	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	75.22	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.153		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.749		0.00 - 3.55
THYROID PROFILE			
Т3	0.95	ng/ml	0.60 - 1.81
T4 Chemiluminescence	9.35	ug/dl	4.5 - 10.9
TSH	1.87	ulU/ml	
Chemiluminescence REFERENCE RANGE			
PAEDIATRIC AGE GROUP 0-3 DAYS 3-30 DAYS I MONTH -5 MONTHS 6 MONTHS- 18 YEARS	1-20 0.5 - 6.5 0.5 - 6		
<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.



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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.
- 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 hyporthyroidism, and may be seen in secondary thyrotoxicosis.

### **URINE EXAMINATION TEST**

#### PHYSICAL EXAMINATION

QUANTITY 15 ml.

COLOUR PALE YELLOW

TRANSPARENCY CLEAR
SPECIFIC GRAVITY 1.030
PH 6.0

**CHEMICAL EXAMINATION** 

ALBUMIN NIL



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	11011 B) B11B0B			
-	Test Name	Value	Unit	Normal Value
	SUGAR	NIL		
I	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 \*\*\*\*

Dr.R.B.RAMAN MBBS, MD

**CONSULTANT PATHOLOGIST** 



# A.L.C. Advance Imaging Dignostics

ISO 9001:2015 Certified center

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

Pt. Name :- NAVEEN KUMAR PASWAN

Ref. By :- DR .AROGYAM

Date:- 27/1/2021 Age / Sex - Yrs. M.

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

(Report.)

**LIVER** 

:- Measures 15.81 cm. Mild Enlarged in shape, size and echo texture fatty change seen in liver parenchyma .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 3.5 mm in diameter with echo free lumen. No calculi or mass seen.

P.V.

:- Measures 7.7 mm in diameter. Appears normal. No thrombus seen.

SPLEEN

PANCREAS: - Normal in shape, size and echo texture. No calcification mass seen. :- Measures 9.99 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.

Right Kidney: - Measures 9.46 X 3.50 cm. Left Kidney :- Measures 10.27 X 3.50 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 - 320 ml. Post void - is in significant

PROSTATE: - Measures 18 grm (approx). Appears Normal 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** 

:- Mild Distended Bowel Loops seen in abdominal cavity with Excess bowel

Gasses No Ascites . no Lymph Adenopathy. No pleural effusion seen

on either side.

# <u>IMPRESSION</u>

- Mild Hepatomegaly With fatty liver G-I
- Mild Distended Bowel Loop with Excess bowel Gasses
- Adv:- Further work up other investigation Otherwise son graphically normal scan. of rest organs

Consultant Radiologist

ESTB BY:-

Dr. P. K. Tiwari MD, M.Sc (Radio Imaging) Ph.D (Alt Nuclear Medicine) MD (Pat) Consultant Pathologist

Dr. S. Kumar Dr. Abhishek Kumar MBBS, MD

Dr. Anjali Consultant Neuropatho Physiologist

Dr. Kumari Suman MBBS, MD MBBS, DGO, MD Consultant(TMT,EEG Specialist) Consultant (TVS & HSG Specialist)

Consultant Imagionologist & Sonologist