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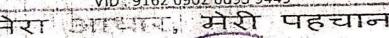


ਕੂਬੀ ਦੀਜੀ Varsha Rani ਯੂਜਮ ਰਿਘ/DOB; 10/02/1997 ਸੁਵਿਗਾ/ FEMALE

Seile

7035 7521 3204

VID: 9162 0902 0893 9449





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The second secon				TREICHES	
ID: 45 Varsha Rani Female 27Years		2024	Diagnosis Information: Sinus Bradycardia wi	s Information: Bradycardia with Sinus Arrhythmia	
		QRS : /6 ms QT/QTc : 422/402 ms P/QRS/T : 55/81/55 ° RV5/SV1 : 0.785/0.251 mV	Ref-Phys. RAMAN Report Whitinger basao	0	
	}		VI V		V
	}) V2		
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
aVR	7		V4		
Javl	}		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
ave			J. V6 J. J.		
67-100Hz AC50		25mm/s 10mm/mV 2*5.0s \$54 V2.2	SEMIP VI.81 DAIGNOSTIC	C	

Patient Name	VARSHA RANI	Date	29-10-2024
Age/Sex	27/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





9065875700

info@aarogyamdiagnostics.com www.aarogyamdiagnostics.com

Age/Sex:-27Yrs/F :-29/10/24

Varsha Rani Name :-

Refd by :-Corp

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

:- Normal in size (11.8cm) with normal echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree Liver

lumen.

G. Bladder: - Surgically removed.

:- 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.

:- Normal in size (8.1cm) with normal echotexture. No focal lesion is seen. Spleen

No evidence of varices is noticed.

:- Both kidneys are normal in shape, size & position. Sinus as well as cortical Kidneys

echoes are normal. No evidence of calculus, space occupying lesion or

hydronephrosis is seen.

Right Kidney measures 8.0cm and Left Kidney measures 8.1cm.

:- Ureters are not dilated. Ureters

U. Bladder:- It is echofree. No evidence of calculus, mass or diverticulum is seen.

:- Normal in size (8.2cm x 4.1cm) and anteverted in position with normal Uterus

myometrial echotexture and endometrial thickness. ET-4.8mm

:- Both ovaries show normal echotexture and follicular pattern. Right ovary Ovaries

measures 21mm x 13mm and Left ovary measures 25mm x 15mm.

No pelvic (POD) collection is seen.

:- No ascites or abdominal adenopathy is seen. Others

No free subphrenic / basal pleural space collection is seen.

Normal Scan. IMPRESSION:-

Dr. Arun Kamar MBBS, DMBD(Radio-Diagnosis) Consultant Radiologist



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Date 29/10/2024 SrI No. 11 Patient Id 2410290011
Name Mrs. VARSHA RANI Age 27 Yrs. Sex F
Ref. By Dr.MEDIWHEEL

Test Name Value Unit Normal Value

BOB
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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Date 29/10/2024 Srl No. 11 Patient Id 2410290011
Name Mrs. VARSHA RANI Age 27 Yrs. Sex F
Ref. By Dr.MEDIWHEEL

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	10.8	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,900	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)):		
NEUTROPHIL	62	%	40 - 75
LYMPHOCYTE	31	%	20 - 45
EOSINOPHIL	01	%	01 - 06
MONOCYTE	06	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	18	mm/lst hr.	0 - 20
R B C COUNT	3.64	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	32.4	%	35 - 45
MCV	89.01	fl.	80 - 100
MCH	29.67	Picogram	27.0 - 31.0
MCHC	33.3	gm/dl	33 - 37
PLATELET COUNT	1.92	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	79.1	mg/dl	70 - 110
SERUM CREATININE	0.99	mg%	0.5 - 1.3
BLOOD UREA	21.0	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.38	mg%	2.5 - 6.0
LIVER FUNCTION TEST (LFT)			



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Date	29/10/2024	Srl No	o. 11	Patient Id 2410290011
Name	Mrs. VARSHA RANI	Age	27 Yrs.	Sex F
Ref. By D	r.MEDIWHEEL			
Test Name		Value	Unit	Normal Value
BILIRUBIN	TOTAL	0.56	mg/dl	0 - 1.0
CONJUGAT	TED (D. Bilirubin)	0.19	mg/dl	0.00 - 0.40
UNCONJU	GATED (I.D.Bilirubin)	0.37	mg/dl	0.00 - 0.70
TOTAL PRO	OTEIN	7.30	gm/dl	6.6 - 8.3
ALBUMIN		4.29	gm/dl	3.4 - 5.2
GLOBULIN		3.01	gm/dl	2.3 - 3.5
A/G RATIO		1,425		
SGOT		28.0	IU/L	5 - 35
SGPT		13.4	IU/L	5.0 - 45.0
ALKALINE IFCC Metho	PHOSPHATASE d	65.1	U/L	35.0 - 104.0
GAMMA GT	T.	20.8	IU/L	6.0 - 42.0
LFT INTE	RPRET			
LIPID PRO	FILE .			
TRIGLYCE	RIDES	44.5	mg/dL	25.0 - 165.0
TOTAL CHO	OLESTEROL	131.7	mg/dL	29.0 - 199.0
H D L CHO	LESTEROL DIRECT	29.9	mg/dL	35.1 - 88.0
VLDL		8.9	mg/dL	4.7 - 22.1
L D L CHOL	LESTEROL DIRECT	92.9	mg/dL	63.0 - 129.0
TOTAL CH	OLESTEROL/HDL RATIO	4.405		0.0 - 4.97
LDL / HDL	CHOLESTEROL RATIO	3.107		0.00 - 3.55
THYROID F	PROFILE			
QUANTITY		10	ml.	



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Date 29/10/2024 Srl No. 11 Patient Id 2410290011
Name Mrs. VARSHA RANI Age 27 Yrs. Sex F
Ref. By Dr.MEDIWHEEL

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOV	V	
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.025		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	1-3	/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. VARSHA RANI Age 27 Yrs. Sex F

Ref. By Dr.MEDIWHEEL

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.

 Although elevated TSH levels are nearly always indicative of primary hyporthyroidism, and may be seen in secondary thyrotoxicosis.

**** End Of Report ****

Dr.R.B.RAMAN MBBS, MD

CONSULTANT PATHOLOGIST



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Name Mrs. VARSHA RANI Ref. By Dr.MEDIWHEEL Srl No. 11 Age 27 Yrs. Patient Id 2410290011

Sex F

Test Name Value Unit Normal Value

BIOCHEMISTRY

BLOOD SUGAR PP 98.7 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 I WhatsApp: 6356005900 I Email: info@unipath.in I Website: www.unipath.in
Regd. Of· ce: 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
CIN: U85195GJ2009PLC057059

		41004100707	TEST REPO	RT		
Reg.No	: 410041007	707	Reg.Date	: 31-Oct-2024 00:19	Collection	: 31-Oct-2024 00:19
Name	: MS. VARS	HA RANI			Received	: 31-Oct-2024 00:19
Age	: 27 Years		Sex	: Female	Report	: 31-Oct-2024 03:31
Referred B	y : AAROGYAN	I DIAGNOSTICS @ PA	TNA		Dispatch	: 31-Oct-2024 03:52
Referral Dr	: □		Status	: Final	Location	: 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval	
	THYROID FUNC	CTION TEST		
T3 (triiodothyronine), Total	0.99	ng/mL	0.70 - 2.04	
T4 (Thyroxine),Total	9.12	μg/dL	5.5 - 11.0	
TSH (Thyroid stimulating hormone)	3.993	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-relasing 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.

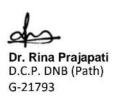
TSH levels During Pregnancy:

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

Referance: Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders. 2012:2170

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



Vija 7 Dr. Vijay Prajapati