

भारत सरकार
Government of India

निशत परवीन
Nishat Parween
जन्म तिथि / DOB : 10/04/1990
महिला / Female

Nishat Parween

8726 2024 0577

आधार - आम आदमी का अधिकार

भारतीय विधि प्रमाणन प्राधिकरण
Unique Identification Authority of India

Address:
D/O: M3 Manowal Alam, m's
house road 73, all garh, Gaya,
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8726 2024 0577



ID: 936

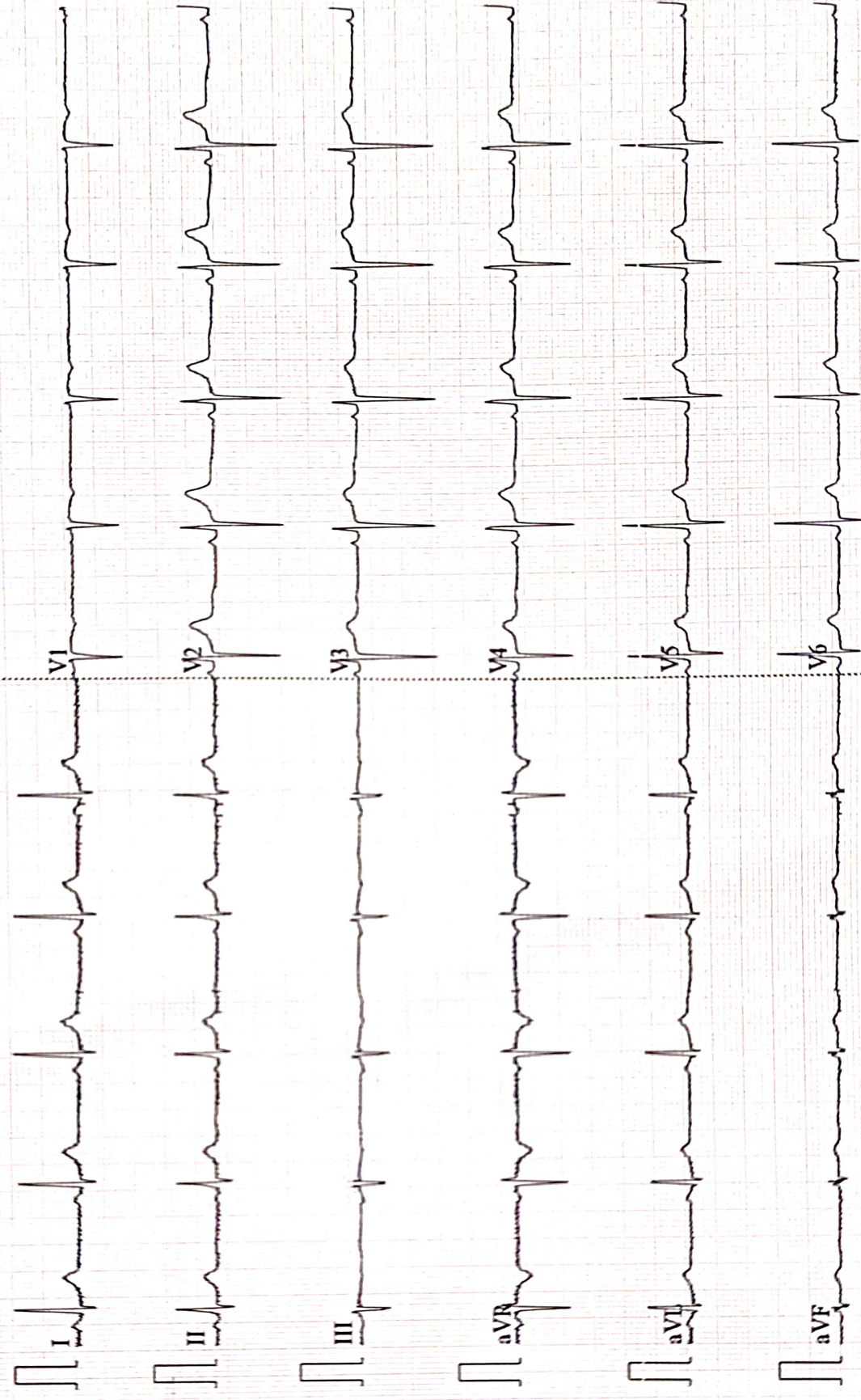
NESHAT PERVEEN
Female 36Years

31-08-2024 12:06:50 PM

Diagnosis Information:
Sinus Arrhythmia
Short PR Interval

HR : 62 bpm
P : 82 ms
PR : 116 ms
QRS : 72 ms
QT/QTc : 368/374 ms
P/QRS/T : 9/14/24 °
RV5/SV1 : 1.05/40.762 mV

DR RAMAN
MBBS, MD
Regd. Cardiologist by:



Patient Name	NESHAT PERWEEN	Date	31-08-2024
Age/Sex	34/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





Name :- Nishat Perween
Refd by :- Corp

Age/Sex:- 34Yrs/F
Date :-31/08/2024

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

- Liver** :- Normal in size(12.7cm) with normal 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(10.6cm) 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 8.9cm and Left Kidney measures 9.3cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Uterus** :- Enlarged in size (9.4cm x 4.8cm) and anteverted in position with Endometrial thickness 7.8mm and myometrium echoes appears normal. A small cyst of measuring size 7.7mm seen in inner lip of cervix - Nabothian cyst.
- Ovaries** :- Both ovaries show normal echotexture and follicular pattern. Right ovary measures 29mm x 20mm and Left ovary measures 27mm x 16mm.
No pelvic (POD) collection is seen.
- Others** :- No ascites or abdominal adenopathy is seen.
No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *AV Bulky Uterus with A Small Nabothian Cyst.
Otherwise Normal Scan.*

Dr. Arun Kumar
MBBS, DMRD (Radio-Diagnosis)
Consultant Radiologist



ISO 9001 : 2015
AAROGYAM DIAGNOSTICS
 (A UNIT OF CULPAM HEALTH CARE PVT. LTD.)

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 Near Malahi Pakari Chowk, Kankarbagh, Patna – 20
 9264278360, 9065875700, 8789391403
 info@aarogyamdiagnostics.com
 www.aarogyamdiagnostics.com

Date	31/08/2024	Srl No.	4	Patient Id	2408310004
Name	Mrs. NESHAT PERWEEN	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.3	%	

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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Date	31/08/2024	Srl No.	4	Patient Id	2408310004
Name	Mrs. NESHAT PERWEEN	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	11.3	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	7,200	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	59	%	40 - 75
LYMPHOCYTE	33	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	06	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	18	mm/1st hr.	0 - 20
R B C COUNT	3.68	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	33.9	%	35 - 45
M C V	92.12	fl.	80 - 100
M C H	30.71	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	1.98	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	84.5	mg/dl	70 - 110
SERUM CREATININE	0.81	mg%	0.5 - 1.3
BLOOD UREA	21.5	mg /dl	15.0 - 45.0
SERUM URIC ACID	3.81	mg%	2.5 - 6.0
<u>LIVER FUNCTION TEST (LFT)</u>			



Date	31/08/2024	Srl No.	4	Patient Id	2408310004
Name	Mrs. NESHAT PERWEEN	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.84	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.33	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.51	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.19	gm/dl	6.6 - 8.3
ALBUMIN	4.31	gm/dl	3.4 - 5.2
GLOBULIN	2.88	gm/dl	2.3 - 3.5
A/G RATIO	1.497		
SGOT	39.8	IU/L	5 - 35
SGPT	45.2	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	87.1	U/L	35.0 - 104.0
GAMMA GT	23.5	IU/L	6.0 - 42.0

LFT INTERPRET

LIPID PROFILE

TRIGLYCERIDES	52.1	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	119.7	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	42.9	mg/dL	35.1 - 88.0
V L D L	10.42	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	66.38	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.79		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.547		0.00 - 3.55
THYROID PROFILE			
QUANTITY	15	ml.	



Date	31/08/2024	Srl No.	4	Patient Id	2408310004
Name	Mrs. NESHAT PERWEEN	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.010		
PH	6.0		
ALBUMIN	NIL		
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 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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Date	31/08/2024	Srl No.	4	Patient Id	2408310004
Name	Mrs. NESHAT PERWEEN	Age	34 Yrs.	Sex	F
Ref. By	Dr.BOB				

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.			
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



MC-2024

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CIN: U85195GJ2009PLC057059



40904100010

TEST REPORT

Reg.No : 40904100010	Reg.Date : 01-Sep-2024 18:25	Collection : 01-Sep-2024 18:25
Name : NESHAT PERWEEN		Received : 01-Sep-2024 18:25
Age : 34 Years	Sex : Female	Report : 01-Sep-2024 19:42
Referred By : AAROGYAM DIAGNOSTICS @ PATNA		Dispatch : 01-Sep-2024 20:03
Referral Dr : □	Status : Final	Location : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.37	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	9.03	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.683	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-releasing 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

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

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

Dr. Hiral Arora
M.D. Biochemistry
Reg. No.- G-32999