



बैंक ऑफ बड़ौदा  
Bank of Baroda



नाम रंजीत कुमार  
Name RANJIT KUMAR

एन.सी.एन. क्र. 175249  
E.C. No

22/01/1999



Issuing Authority, DGM

Ranjit Kumar  
Signature of Holder

Signature of Holder

61  
. 2

ID: 154

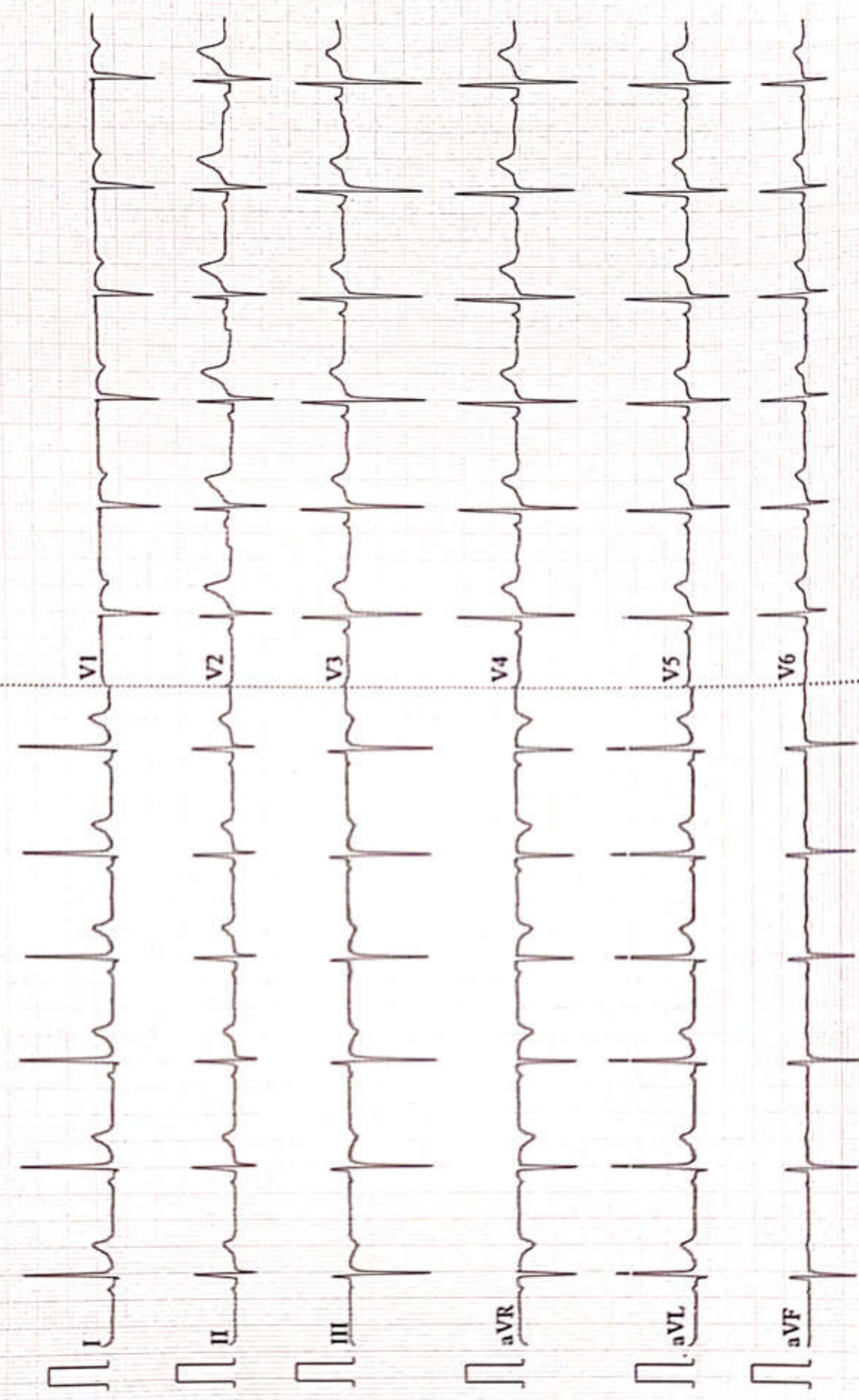
RANJIT KUMAR  
Male 42Years

19-10-2024 11:37:30 AM

**Diagnosis Information:**  
 HR : 76 bpm  
 P : 66 ms  
 PR : 115 ms  
 QRS : 80 ms  
 QT/QTc : 344/388 ms  
 PQRST : 12/-17/8 °  
 RV5/SV1 : 1.120/1.027 mV

**Diagnosis Information:**  
 Sinus Rhythm  
 Short PR Interval  
 QS Wave in lead V1

**High Voltages (Left Ventricle)**  
 DR. RAMAN  
 NBS&S, MD  
 Referral No: 33940  
 Report Confirmed by:



Patient Name	RANJIT KUMAR	Date	19-10-2024
Age/Sex	42/M	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*







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# 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  
9065875700  
info@aarogyamdiagnostics.com  
www.aarogyamdiagnostics.com

Patient's Name: Mr. Ranjit Kumar	Date: 19/10/2024
Ref. By:- CORP.	Age/Sex: 42 Yrs. /Male
Indication for study:- R/O SHD	

## ECHOCARDIOGRAPHY REPORT

### MEASUREMENTS:

Aortic root diameter	3.7	Normal	2.0-3.7cm < 2.2cm/M <sup>2</sup>
Aortic valve opening	4.0		1.5-2.6cm
Left atrial dimension			0.9 – 4.0 cm < 2.2 cm / M <sup>2</sup>
<b>LEFT VENTRICLE:</b>		Normal	
ED dimension	4.8		3.7 – 5.6 cm < 3.2 cm / M <sup>2</sup>
ES dimension	2.7		2.2 – 4.0 cm
ED IVS thickness	0.6		0.6-1.0 cm
ED PW thickness	1.2		0.6-1.0 cm
ES IVS thickness	1.0		
ES PW thickness			

### MITRAL VALVE

E Velocity = 84 cm/sec	A velocity = 77 cm/sec	E/A =	DT = cm/s.
Max. PG = 2.8 mmHg	Mean PG = mmHg		
Mitral Regurgitation: Nil			
Mitral stenosis: Nil			

### AORTIC VALVE

Max. Velocity = 106 cm/sec	Mean Velocity = cm/sec		
Max PG = 4.5 mmHg	Mean PG = mmHg		
Aortic Regurgitation: Nil	PHT = ms	Slope =	
Aortic stenosis: Nil			

### TRICUSPID VALVE

Max. Velocity = 84 cm/sec	Max PG = 2.8 mmHg
Tricuspid Regurgitation: Nil	PASP = mmHg
Tricuspid stenosis: Nil	

### PULMONARY VALVE

Max. Velocity = cm/sec	Max PG = mmHg
Pulmonary Regurgitation: Nil	PAEDP = mmHg
Pulmonary stenosis: Nil	

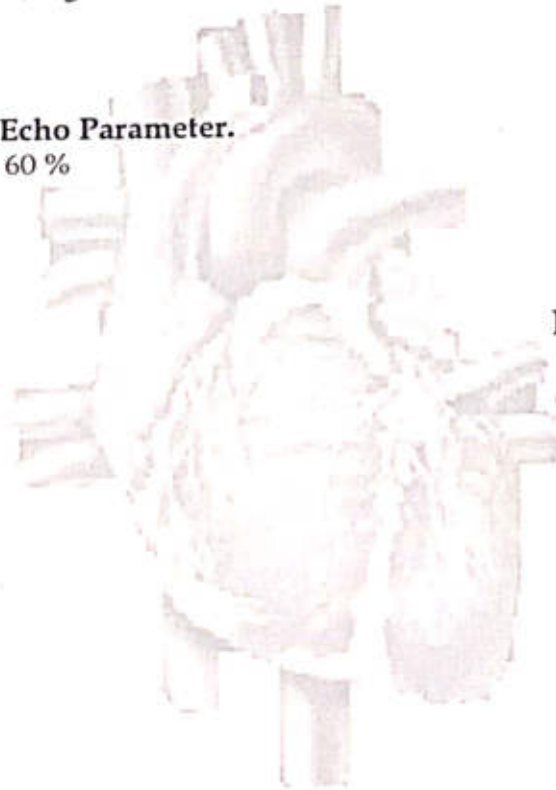
NOT FOR MEDICO LEGAL PURPOSE

**IMPRESSION-**      bpm : Normal acoustic Window.

- ◆ No Regional wall motion abnormality Seen. Normal LV function.
- ◆ LVEF= 60 %
- ◆ Cardiac chambers are normal.
- ◆ No MR.
- ◆ No TR.
- ◆ No AR.
- ◆ Aortic valve is tricuspid.
- ◆ No COA.
- ◆ No intracardiac clot/vegetation/P.E.

**FINAL IMP-**

**Normal Echo Parameter.**  
LVEF= 60 %



**Dr. Sandeep Kumar**  
MD (Medicine)  
Consultant Cardiologist



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<b>Date</b> 19/10/2024	<b>Srl No.</b> 1	<b>Patient Id</b> 2410190001
<b>Name</b> Mr. RANJIT KUMAR	<b>Age</b> 42 Yrs.	<b>Sex</b> M
<b>Ref. By</b> Dr.BOB		

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.4	%	

**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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<b>Name</b>	<b>Mr. RANJIT KUMAR</b>	<b>Age 42 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	<b>13.0</b>	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	59	%	40 - 75
LYMPHOCYTE	34	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN's METHOD)	13	mm/1st hr.	0 - 15
R B C COUNT	<b>4.32</b>	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	<b>39</b>	%	40 - 54
M C V	90.28	fl.	80 - 100
M C H	30.09	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
PLATELET COUNT	2.28	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"AB"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	93.3	mg/dl	70 - 110
SERUM CREATININE	1.07	mg%	0.7 - 1.4
BLOOD UREA	26.2	mg /dl	15.0 - 45.0
SERUM URIC ACID	<b>7.06</b>	mg%	3.4 - 7.0
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			





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<b>Name</b>	<b>Mr. RANJIT KUMAR</b>	<b>Age 42 Yrs.</b>	<b>Sex M</b>
<b>Ref. By Dr.BOB</b>			

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.68	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.32	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.36	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.53	gm/dl	6.6 - 8.3
ALBUMIN	4.59	gm/dl	3.4 - 5.2
GLOBULIN	2.94	gm/dl	2.3 - 3.5
A/G RATIO	<b>1.561</b>		
SGOT	<b>49.1</b>	IU/L	5 - 40
SGPT	32.5	IU/L	5.0 - 55.0
ALKALINE PHOSPHATASE IFCC Method	84.8	U/L	40.0 - 130.0
GAMMA GT	21.9	IU/L	8.0 - 71.0

**LFT INTERPRET****LIPID PROFILE**

TRIGLYCERIDES	<b>165.6</b>	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	193.2	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	75.0	mg/dL	35.1 - 88.0
V L D L	<b>33.12</b>	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	85.08	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	2.576		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.134		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	





<b>Date</b>	19/10/2024	<b>Srl No.</b>	1	<b>Patient Id</b>	2410190001
<b>Name</b>	Mr. RANJIT KUMAR	<b>Age</b>	42 Yrs.	<b>Sex</b>	M
<b>Ref. By</b>	Dr.BOB				

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.015		
PH	6.5		
ALBUMIN	NIL		
SUGAR	NIL		
<b>MICROSCOPIC EXAMINATION</b>			
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 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.



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<b>Ref. By</b>	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**  
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CONSULTANT PATHOLOGIST



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Name	Mr. RANJIT KUMAR	Age	42 Yrs.	Sex	M
Ref. By	Dr.BOB				

Test Name	Value	Unit	Normal Value
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## BIOCHEMISTRY

BLOOD SUGAR PP	118.7	mg/dl	80 - 160
BOB			

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

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



Name :- Ranjit Kumar  
Refd by :- Corp

Age/Sex:- 42Yrs/M  
Date :-19/10/2024

Thanks for referral.

**REPORT OF USG OF WHOLE ABDOMEN**

- Liver** :- Enlarged in size(15.8cm) 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(10.4cm)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 10.0cm and Left Kidney measures 10.4cm.
- Ureters** :- Ureters are normal.
- U. Bladder**:- It is echofree. No evidence of calculus, mass or diverticulum is seen.
- Prostate** :- Normal in size (14.6cc)& 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. Arun . Kumar*  
*MBBS, DMRD (Radio-Diagnosis)*  
*Consultant Radiologist*





Lab Facility : Unipath House, Besides Sahjanand College, Opp. Kamdhenu Complex, Panjarapole, Ambawadi, Ahmedabad-380015 Gujarat  
 Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in  
 Regd. Of- ce : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat  
 CIN: U85195GJ2009PLC057059



41004100443

**TEST REPORT**

<b>Reg.No</b> : 41004100443	<b>Reg.Date</b> : 20-Oct-2024 16:17	<b>Collection</b> : 20-Oct-2024 16:18
<b>Name</b> : RANJIT KUMAR		<b>Received</b> : 20-Oct-2024 16:18
<b>Age</b> : 42 Years	<b>Sex</b> : Male	<b>Report</b> : 20-Oct-2024 17:05
<b>Referred By</b> : AAROGYAM DIAGNOSTICS @ PATNA		<b>Dispatch</b> : 20-Oct-2024 17:26
<b>Referral Dr</b> : <input type="checkbox"/>	<b>Status</b> : Final	<b>Location</b> : 41 - PATNA

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.01	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	6.67	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.082	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. Rina Prajapati**  
 D.C.P. DNB (Path)  
 G-21793

**Dr. Razvin Somani**

M.D. Pathology  
 Page 1 of 1 Reg. No.: G-51211



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