



URMILA HEART
& MULTI SPECIALITY HOSPITAL
PATHOLOGY REPORT

Address

**Naya Tola, Opp. Polytechnic
Muzaffarpur
Ph.: 0621-2222211
0621-2268042
Mob.: 9661179794
9471013402**

Name:- Mr. Shankar Durga	Age :35Y/M	Date :-17/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No109450)	Serial Number :- 0172

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	14.5	gm/dl	12 - 17
Total Leukocyte Count	8,800	/Cumm.	4000 - 11000
RBC Count	5.38	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	46.4	%	30 - 50
Platelet Count	1.90	Lakhs/c.mm	1.5 - 4.5
MCV	87.2	fl	80 - 100
MCH	26.2	pg	26 - 34
MCHC	30.1	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	50	%	40 - 70
Lymphocyte	42	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	06	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1 st hr.	00 - 20

end of report


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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	26.0	mg/dl	13 - 45
S. Creatinine	1.08	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	143.2	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.98	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	103.6	mmol/ltr	94 - 110
S. Calcium	9.38	mg/dl	8.7 - 11.0
S. Uric Acid	7.85	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"AB" Group
Rh Typing	:	Positive.

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Name:- Mr. Shankar Durga	Age :35Y/M	Date :-17/11/2024
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LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.94	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	37.0	U/L	05 - 40
S. SGOT (AST)	34.0	U/L	05 - 40
S. Alkaline Phosphatase	93.8	U/L	Adult – 25 - 140 Children (1 – 12 yrs.) – 104 - 390
S. Total Protein	7.34	g/dl	6.0 - 8.3
S. Albumin	4.16	g/dl	3.2 - 5.0
S. Globulin	3.18	g/dl	2.8 - 4.5
S. A/G Ratio	1.30		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	189.0	mg/dl	130 - 200
S. Triglycerides	145.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	29.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	112.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.93		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.33		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	78.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	116.0	mg/dl	80 - 160

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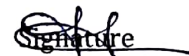
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Name:- Mr. Shankar Durga	Age :35Y/M	Date :-17/11/2024
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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	5.0
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.01	%

Mean Blood Glucose level (MBG) = 92.05 mg/dl

Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

Summary :- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	126.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.24	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.95	µIU/mL	(0.3 - 5.5)

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwish Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism. The expected increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland. Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism. The increase in total T4 and T3 is associated with pregnancy, oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration, which can be monitored by calculating Free Thyroxine Index(F_{TI}) or Thyroid Hormone Binding Ratio(THBR).a

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Age :35Y/M

Date :-17/11/2024

Ref. By :- Dr. Bank Of Baroda

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Serial Number :- 0172

Stool Routine And Microscopy

TEST

RESULTS

Physical Examination

Colour	Brownish
Consistency	Semi Solid
Mucus	Nil
Blood	Nil

Chemical Examination

pH	Acidic
Reducing Sugar	Nil
Occult Blood	N/D

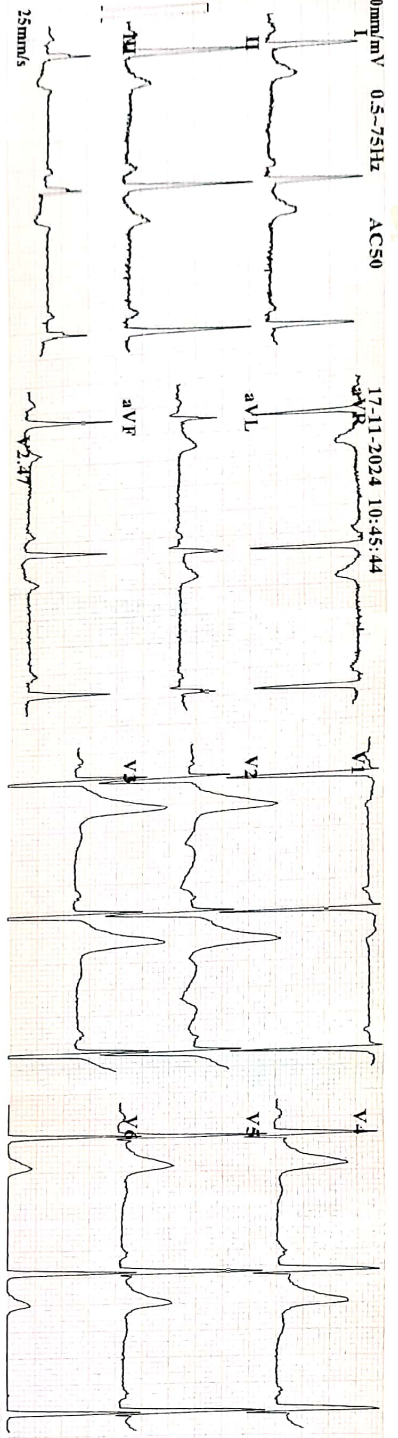
Microscopic Examination

Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
OVA/Cyst	EH (+)
Parasites	Nil

end of report

Signature





20mm/mV 0.5-75Hz ACS0

17-11-2024 10:45:44

ID : 241117-1046
 Name :
 Age : 35 yr
 Sex : Male
 BP :
 Height : cm
 Weight : kg
 HR : 65 bpm
 P Dur : 103 ms
 PR int : 154 ms
 QRS Dur : 110 ms
 QT/QTc int : 334/349 ms
 P/QRS/T axis : S1/41/21 °
 RV5/SV1 amp : 1.339/1.299 mV
 RV6/SV2 amp : 2.638 mV
 : 1.274/0.857 mV

Minnesota Code:

Durga Skotko

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed by:



R



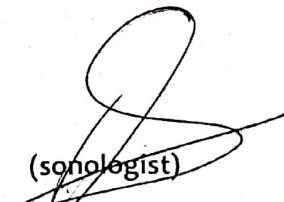
Name :- Durga Shankar.
Refd.By:- Dr./Self.

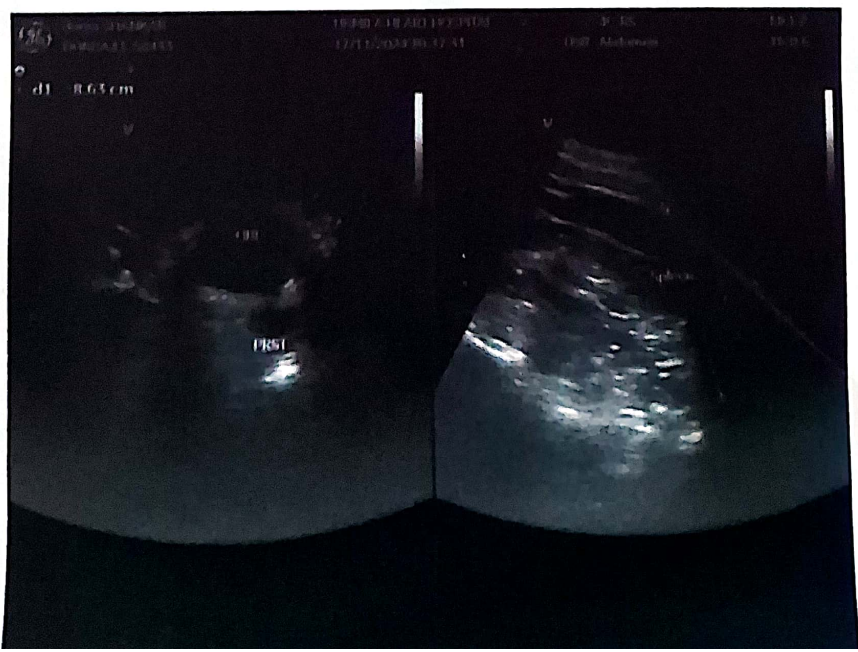
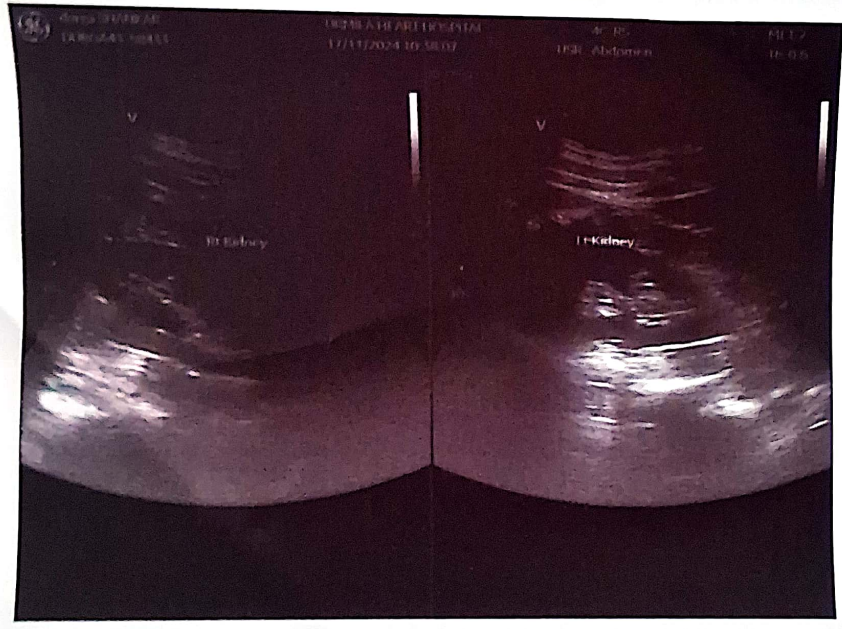
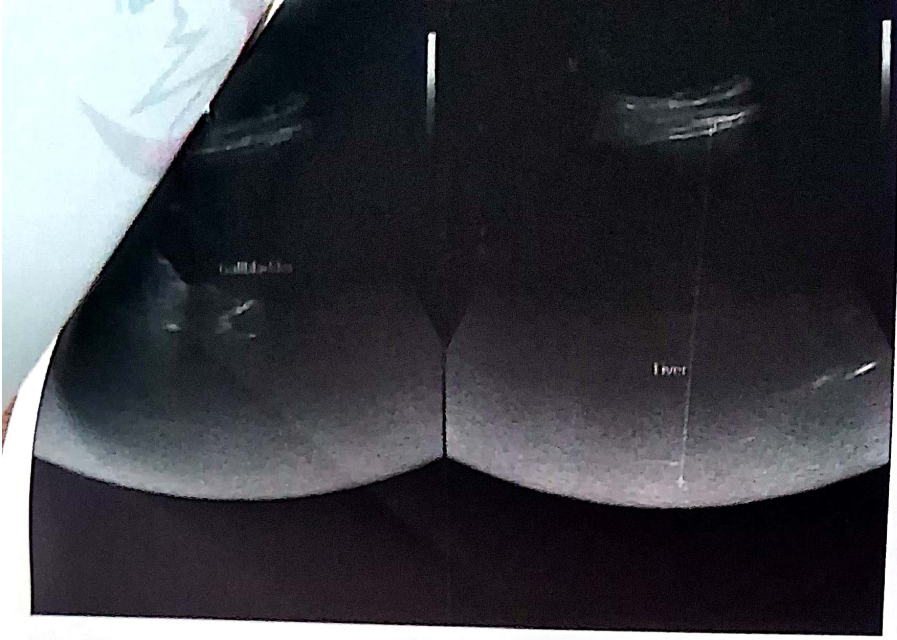
Date :- 17/11/2024
Sex:- M

Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is enlarged in size [156.0mm] with fatty infiltration .
GB:- Normal distention. Walls are not thickened. No evidence of calculus, sludge, or mass lesion seen.
C.B.D:- C.B.D. is normal in calibre.
Pancreas:- Pancreas normal in size shape and echotexture.
Spleen:- Normal in shape, size & contour . (bipolar length is 86.3 mm).
Kidneys:- Both kidneys are normal in shape, size, contour, cortical echo texture, and sinus echoes. No evidence of calculus, calcification, hydronephrotic changes or mass lesion seen.
UB:- Urinary bladder is smoothly outlined. There is no calculus within.
Prostate :- The prostate is normal in shape and size .
Free fluid:- No free fluid is noted in the peritoneal cavity.

IMPRESSION :-Hepatomegaly with fatty liver.


(sonologist)





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ECHOCARDIOGRAPHY REPORT

Name	: Mr. Durga Shankar	Age/Sex	: 35/M
Date	: 17/11/2024	ECHO No.	:
IPID No.	:	UHID No.	:
Ref. By	: Self	Done By	: Dr. Anil Kr. Singh

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent. Score: _____

Doppler	Normal/Abnormal	E>A	A>E
	Mitral Stenosis	Present/Absent	RRInterval _____ msec
	EDG _____ mmHg	MDG mmHg	MVAcm ²
	Mitral Regurgitation	Absent/Trivial/Mild/Moderate/Severe.	

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler **Normal**/Abnormal

	Tricuspid stenosis	Present/Absent	RR interval _____ msec.
	EDG _____ mmHg	MDG _____ mmHg	
	Tricuspid regurgitation:	Absent/Trivial/Mild/Moderate/Severe Fragmented signals	
	Velocity _____ msec.	Pred. RVSP=RAP+ mmHg	

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
Doppler **Normal**/Abnormal.

	Pulmonary stenosis	Present/Absent	Level
		PSG _____ mmHg	Pulmonary annulus _____ mm
	Pulmonary regurgitation	Present/Absent	
	Early diastolic gradient	_____ mmHg.	End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
No. of cusps 1/2/3/4
Doppler **Normal**/Abnormal

	Aortic Stenosis	Present/Absent	Level
		PSG mmHg	Aortic annulus _____ mm
	Aortic regurgitation	Absent/Trivial/Mild/Moderate/Severe.	

<u>Measurements</u>	<u>Normal Values</u>
Aorta 3.1	(2.0 – 3.7cm)
LV es 3.2	(2.2 – 4.0cm)
IVS ed 0.9	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)
LVVd (ml)	
LVEF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 3.1	(1.9 – 4.0cm)
LV ed 4.1	(3.7 – 5.6cm)
PW (LV) 0.9	(0.6 – 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVd (ml)	
IVS motion	Normal/Flat/Paradoxical

CHAMBERS:

LV **Normal/Enlarged/Clear/Thrombus/Hypertrophy**
Contraction Normal/Reduced

Regional wall motion abnormality **Absent/Present**

LA **Normal/Enlarged/Clear/Thrombus**

RA **Normal/Enlarged/Clear/Thrombus**

RV **Normal/Enlarged/Clear/Thrombus**

PERICARDIUM **Normal/Thickening/Calcification/Effusion**

COMMENTS & SUMMARY

All chambers are Normal in size
 gd I LV Diastolic Dysfunction
 Normal LV Systolic Function
 No RWMA/LVEF=60%
 No MR /AR / PR /TR
 Normal Pericardium

Dr. Anil Kr. Singh
 Cardiologist

