



URMILA HEART & MULTI SPECIALITY HOSPITAL

PATHOLOGY REPORT

Address

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

Name:- Mr.GUNJAN KUAMR	Age :33Y/M	Date :-24/02/2025
Ref. By :- Dr. bank of broda	(E.C.N182888)	Serial number:-0156

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	15.0	gm/dl	12 - 17
Total Leukocyte Count	5,100	/Cumm.	4000 - 11000
RBC Count	4.64	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.3	%	30 - 50
Platelet Count	1.15	Lakhs/c.mm	1.5 - 4.5
MCV	98.4	fl	80 - 100
MCH	30.3	pg	26 - 34
MCHC	34.0	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	65	%	40 - 70
Lymphocyte	25	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	14	mm/ 1 st hrs	00 -20

end of report


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Name:- Mr. GUNJAN KUMAR	Age :33Y/M	Date :-24/02/2025
Ref. By :- Dr. Bank Of Baroda	(E.C.No182888)	Serial Number :- 0156

KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	33.0	mg/dl	13 - 45
S. Creatinine	1.06	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	15.41	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	138.4	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.69	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	103.3	mmol/ltr	94 - 110
S. Calcium	9.08	mg/dl	8.7 - 11.0
S. Uric Acid	5.10	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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LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.74	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	38.0	U/L	05 - 40
S. SGOT (AST)	34.0	U/L	05 - 40
S.GGT	27.0	U/L	05 - 45
S. Alkaline Phosphatase	98.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.11	g/dl	6.0 - 8.3
S. Albumin	4.08	g/dl	3.2 - 5.0
S. Globulin	3.03	g/dl	2.8 - 4.5
S. A/G Ratio	1.34		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	240.0	mg/dl	130 - 200
S. Triglycerides	190.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	38.0	mg/dl	10 - 40
S. HDL-Cholesterol	60.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	142.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.00		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.36		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	80.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	130.0	mg/dl	80 - 160

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	138.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.11	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.10	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(FTI) or Thyroid Hormone Binding Ratio(THBR).a

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.11	%

Mean Blood Glucose level (MBG) – 103.3 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.

end of report

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Signature

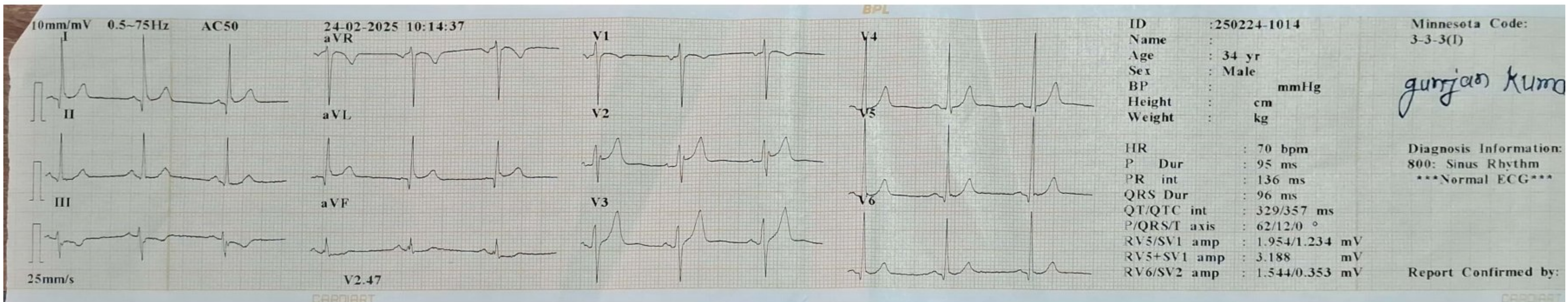
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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	srow
Specific Gravity	1.020
Appearance	Clear
pH	6.0
(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
end of report	

Signature



R



GUNJAN KUMAR
Chest PA

34 Male
24 02 25 1:55:11 PM

64.2 %
BOB

URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR

Name :-Gunjan Kumar.
Refd.By:- Dr./Self.

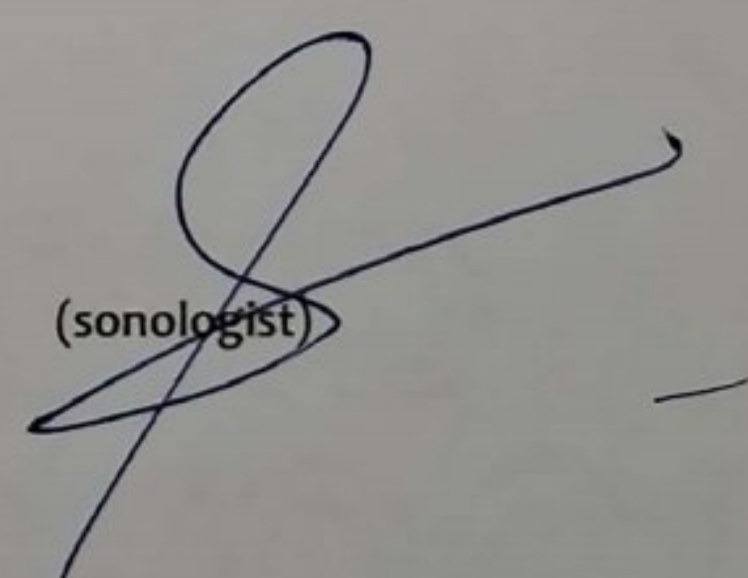
Date :- 24/02/2025
Sex:- M

Thanks for the kind referral.
USG of Whole Abdomen

- Liver: -** Liver is enlarged in size [156.3mm] with shows normal echotaxture.
Movements of both domes of diaphragm appears normal
- 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 106.9 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.

(sonologist)





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ECHOCARDIOGRAPHY REPORT

Name	: Mr. Gunjan Kumar	Age/Sex	: .. / M
Date	: 24/02/2025	ECHO No.	:
IPID No.	:	UHID No.	:
Ref. By	: BOB	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	MVAcm2
	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.	



