



URMILA HEART & MULTI SPECIALITY HOSPITAL

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

PATHOLOGY REPORT

Name:- Mr. Samir Kumar	Age :47Y/M	Date :-09/09/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No158373)	Serial Number :- 091

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	5,800	/Cumm.	4000 - 11000
RBC Count	4.90	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	41.1	%	30 - 50
Platelet Count	1.20	Lakhs/c.mm	1.5 - 4.5
MCV	83.9	fl	80 - 100
MCH	26.5	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	65	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	03	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1 st hr.	00 - 20

end of report

Signature



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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	25.0	mg/dl	13 - 45
S. Creatinine	0.89	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.67	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	147.7	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.36	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94 - 110
S. Calcium	9.35	mg/dl	8.7 - 11.0
S. Uric Acid	7.20	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

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LFT (Liver Function Test) – serum

TEST	RESULT	UNIT	Reference Values		
			Adults	-	Infants
S. Total Bilirubin	0.78	mg/dl	0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	38.0	U/L	05	-	40
S. SGOT (AST)	32.0	U/L	05	-	40
S.GGT	36.3	U/L	05	-	45
S. Alkaline Phosphatase	109.3	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	7.11	g/dl	6.0	-	8.3
S. Albumin	3.90	g/dl	3.2	-	5.0
S. Globulin	3.21	g/dl	2.8	-	4.5
S. A/G Ratio	1.21				

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	190.0	mg/dl	130 - 200
S. Triglycerides	150.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	30.0	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	3.95		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	128.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	190.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	6.4	%

Mean Blood Glucose level (MBG) – 165.8 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.LIA	124.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.LIA	7.04	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.LIA	4.80	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 expeted 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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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
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



NAME :- SAMIR KUMAR.
REFD.BY:- DR./SELF.

DATE :- 09/09/2023
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in size [15.97 cm] and fatty infiltration.
GB:- Normal distention. No evidence of calculus, sludge, or mass lesion seen.
C.B.D:- C.B.D. is normal in caliber.
Pancreas:- Pancreas normal in size shape and echo texture.
Spleen:- Enlarged in shape, size & contour . {13.07cm}.
Kidneys:- Rt. Kidney :- 10.76 x 3.69 cm Lt. Kidney :- 10.54 x 4.34 cm
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.
Both sided kidney cylex is diated.
UB:- Urinary bladder is smoothly outlined. There is no calculus within.
UB wall is thickened.
Pre void:- 354.2ml. Post void:-96.3ml.{significant}.
prostate:- The prostate is normal in size .
Free fluid:- No free fluid is noted in the peritoneal cavity.
Other :- Few fecal gas seen in abdominal cavity .

IMPRESSION :- 1.Hepatomegaly with fatty liver.
2.Splenomegaly.
3.UB wall thickened.S/O Cystitis.


(sonologist)



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ECHOCARDIOGRAPHY REPORT

Name : Mr. Samir Kumar
Date : 09/09/2023
IPIID No. :
Ref. By : Self

Age/Sex : 47/M
ECHO No. :
UHID No. :
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
Mitral Stenosis Present/Absent RR Interval _____ 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.



<u>Measurements</u>	<u>Normal Values</u>
Aorta 3.1	(2.0 – 3.7cm)
LV es 3.2	(2.2 – 4.0cm)
IVS ed 0.8	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)
LVVd (ml)	
EF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAs 2.7	(1.9 – 4.0cm)
LV ed 4.6	(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

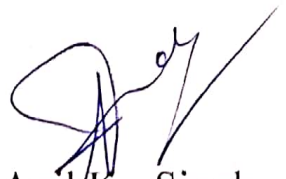
RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

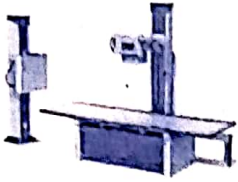
PERICARDIUM Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

All Chambers are Normal in Size
Normal LV Systolic & Diastolic Function
No RWMA/LVEF=60%
No MR/AR/PR/TR
Normal Pericardium



Dr. Anil Kr. Singh
Cardiologist



Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed.....

Referred by Dr.....

NAME	SAMIR KUMAR	AGE/SEX	47YEARS/ MALE
REF BY.	DR A K SINGH M B B S MD	DATE	09.09.2023

X- RAY REPORT

CHEST PA VIEWS

Findings :-

- Bilateral Lungs Fields Are Clear.
- Cardiac silhouette is normal in size.
- Bilateral costophrenic angles are normal.
- Bilateral domes of the diaphragm are normal.
- Bony cage & soft tissues are grossly normal.

IMPRESSION :- NORMAL STUDY.

Please correlate clinically

A. Maity

DR. ARUPMAITY
ConsultantRadiologistMBBS.
MD.
RegNo:-WBMC81697

Disclaimer:

It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.

(NOT VALID FOR MEDICO LEGAL PURPOSE)

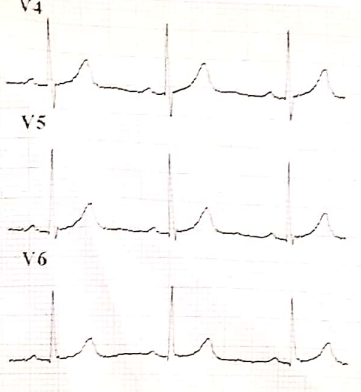
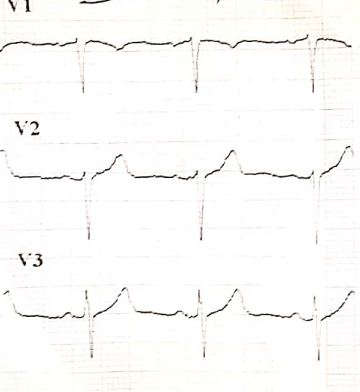
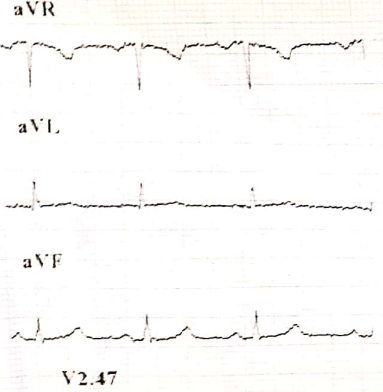
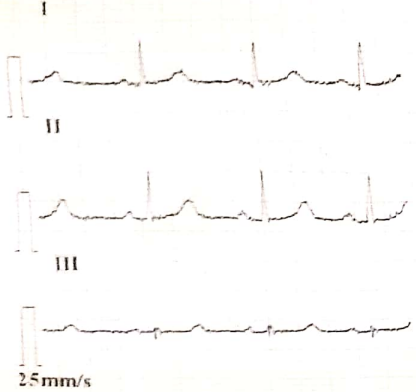
Facilities Available : 300 MA X-Ray Machine (Digital CR) # Computerised ECG



10mm/mV 0.67-100Hz AC50

09-09-2023 10:34:09

SAMIR kumar



ID : 230909-1034
 Name :
 Age : 47 yr
 Sex : Male
 BP : mmHg
 Height : cm
 Weight : kg
 HR : 75 bpm
 P Dur : 94 ms
 PR int : 154 ms
 QRS Dur : 76 ms
 QT/QTc int : 367/410 ms
 P/QRS/T axis : 53/32/48 °
 RV5/SV1 amp : 1.411/0.843 mV
 RV5+SV1 amp : 2.254 mV
 RV6/SV2 amp : 1.209/1.094 mV

Minnesota Code:

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

Report Confirmed by: