

08-06-2005 07:41:28  
AVR

ID : 050608-0741

Name :  
Age : 38 yr  
Sex : Male  
BP : mmHg  
Height : cm  
Weight : kg  
HR : 89 bpm  
P : 87 ms  
PR : 156 ms  
QRS Dur : 78 ms  
QT/QTc Int : 320/390 ms  
P-QRS/T axis : 69/61/49 °  
RV5/SV1 amp : 0.833/0.369 mV  
RV4/SV1 amp : 1.202 mV  
RV6/SV2 amp : 1.193/0.622 mV

Minnesota Code:  
9-4-(V3)

*Abhi-Singh K...*

Diagnosis Information:  
800: Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



**URMILA HEART**  
**& MULTI SPECIALITY HOSPITAL**

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

## ECHOCARDIOGRAPHY REPORT

Name : Mr. Abinash Kr. Jha  
Date : 12/08/2023  
IPID No. :  
Ref. By : Self

Age/Sex : 40/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: \_\_\_\_\_  
A>E

Doppler  
Normal/Abnormal  
Mitral Stenosis  
EDG \_\_\_\_\_ mmHg  
Mitral Regurgitation

E>A  
Present/Absent  
MDG \_\_\_\_\_ mmHg  
Absent/Trivial/Mild/Moderate/Severe.  
RRInterval \_\_\_\_\_ msec  
MVAcm2

### TRICUSPID VALVE

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

Doppler  
Normal/Abnormal  
Tricuspid stenosis  
EDG \_\_\_\_\_ mmHg  
Tricuspid regurgitation:  
Velocity \_\_\_\_\_ msec.

Present/Absent  
MDG \_\_\_\_\_ mmHg  
Absent/Trivial/Mild/Moderate/Severe Fragmented signals  
Pred. RVSP=RAP+ \_\_\_\_\_ mmHg  
RR interval \_\_\_\_\_ msec.

### PULMONARY VALVE

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

Doppler  
Normal/Abnormal.  
Pulmonary stenosis

Pulmonary regurgitation  
Early diastolic gradient

Present/Absent  
PSG \_\_\_\_\_ mmHg  
Present/Absent  
\_\_\_\_\_ mmHg. End diastolic gradient \_\_\_\_\_ mmHg  
Level  
Pulmonary annulus \_\_\_\_\_ mm

### AORTIC VALVE

Morphology **Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation**

No. of cusps 1/2/3/4

Doppler  
Normal/Abnormal

Aortic Stenosis

Aortic regurgitation

Present/Absent  
PSG mmHg  
Absent/Trivial/Mild/Moderate/Severe.  
Level  
Aortic annulus \_\_\_\_\_ mm



Measurements

Aorta 2.5  
LV es 3.0  
IVS ed 1.0  
RV ed  
LVVd (ml)  
EF 60%

Normal Values

(2.0 - 3.7cm)  
(2.2 - 4.0cm)  
(0.6 - 1.1cm)  
(0.7 - 2.6cm)  
(54%-76%)

Measurements

LAes 3.7  
LV ed 3.2  
PW (LV) 1.2  
RV Anterior wall  
LVVs (ml)  
IVS motion

Normal values

(1.9 - 4.0cm)  
(3.7 - 5.6cm)  
(0.6 - 1.1cm)  
(upto 5 mm)

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





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9471013402

**NAME :- AVINASH KUMAR JHA.**  
**REFD.BY:- DR./SELF.**

**DATE :- 12/08/2023**  
**SEX:- M**

Thanks for the kind referral.  
USC of Whole Abdomen

**Liver:-** Liver is Enlarged in size [15.50 cm] and shows normal echotexture.  
No focal lesion is seen. I.H.B.R. are not dilated.  
**GB:-** Normal distention. Walls are not thickened (3.0 mm) . 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:-** Normal in shape, size & contour . (bipolar length is 10.33 cm).  
**Kidneys:-** Lt. Kidney :- 10.55 x 4.32 cm  
Rt. Kidney :- 10.72 x 3.66 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.  
**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)



# Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date .....

Patient's Name : .....

Part X-Rayed .....

Referred by Dr. ....

NAME	AVINASH KUMAR JHA	AGE/SEX	58 YRS / MALE
REF. BY	DR. A. C. SINGH, MD	DATE	12.08.2023

## XR-REPORT

### PA VIEW OF CHEST

#### Observation :-

- Prominent bronchovascular marking seen in bilateral lung fields.
- Trachea Is Central, tracheo - Bronchial Tree Is Normal.
- Cardiac Silhouette Is Normal.
- Both Domes Of Diaphragm Are Normally Placed.
- Bony Thoracic Cage Is Normal.
- No Soft Tissue Abnormality Seen.

IMPRESSION :- Prominent bronchovascular marking seen in bilateral lung fields.

Please correlate clinically.

*A. Manj*

Consultant Radiologist  
M.B.B.S., M.D.  
Engg Nic - MDSMC Staff

#### Disclaimer:

It is an online interpretation of medical imaging based on clinical facts. 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

## PATHOLOGY REPORT

Name:- Mr. Avinash Kumar Jha

Age :39Y/M

Date :-12/08/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No102259)

Serial Number :- 0121

### CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	12.2	gm/dl	12 - 17
Total Leukocyte Count	6,500	/Cumm.	4000 - 11000
RBC Count	4.47	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	39.2	%	30 - 50
Platelet Count	1.65	Lakhs/c.mm	1.5 - 4.5
MCV	87.7	fl	80 - 100
MCH	27.1	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	50	%	40 - 70
Lymphocyte	46	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	02	%	01 - 06
Basophil	00	%	<1 - 2 %
ESR	16	mm/1 <sup>st</sup> hr.	00 - 20

\*\*\*end of report\*\*\*

Signature



## PATHOLOGY REPORT

Name:- Mr. Avinash Kumar Jha

Age :39Y/M

Date :- 12/08/2023

Ref. By :- Dr. Ranj Of Berauda

(E.C.No102259)

Serial Number :- 0121

### 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	0.95	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.67	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	145.8	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	4.11	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	101.8	mmol/ltr	94 - 110
S. Calcium	9.31	mg/dl	8.7 - 11.0
S. Uric Acid	4.22	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

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

\*\*\*end of report\*\*\*

Signature

## PATHOLOGY REPORT

Name:- Mr. Avinash Kumar Jha	Age :39Y/M	Date :-12/08/2023
Ref. By :- Dr. Bank Of Baraouda	(E.C.No102259)	Serial Number :- 0121

### LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.79	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05 - 40
S. SGOT (AST)	39.0	U/L	05 - 40
S.GGT	34.0	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	3.98	g/dl	3.2 - 5.0
S. Globulin	3.13	g/dl	2.8 - 4.5
S. A/G Ratio	1.27		

\*\*\*end of report\*\*\*

Signature



## PATHOLOGY REPORT

<b>Name:- Mr. Avinash Kumar Jha</b>	Age :39Y/M	Date :-12/08/2023
<b>Ref. By :- Dr. Bank Of Barauda</b>	(E.C.No102259)	Serial Number :- 0121

### Lipid Profile – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	198.0	mg/dl	130 - 200
S. Triglycerides	170.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	34.0	mg/dl	10 - 40
S. HDL-Cholesterol	50.0	mg/dl	<b>Male:</b> 30 - 65 <b>Female:</b> 35 - 80
S. LDL-Cholesterol	114.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.96		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.28		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 1.50hrs meal)	150.0	mg/dl	80 - 160

\*\*\*end of report\*\*\*

  
Signature



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Age :39Y/M

Date :-12/08/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No102259)

Serial Number :- 0121

### Urine Routine And Microscopy

#### TEST

##### Physical Examination

Volume 20 ml  
Colour Straw  
Specific Gravity 1.020  
Appearance Clear  
pH 5.0

##### 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

\*\*\*end of report\*\*\*

Signature



## PATHOLOGY REPORT

Name:- Mr. Avinash Kumar Jha	Age :39Y/M	Date :-12/08/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No102259)	Serial Number :- 0121

### GLYCOSYLATED HEMOGLOBIN

TEST	RESULT	UNIT
HbA1c	4.2	%

Mean Blood Glucose level (MBG) – 98.0 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\*\*\*

Signature



## PATHOLOGY REPORT

Name:- Mr. Avinash Kumar Jha	Age :39Y/M	Date :-12/08/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No102259)	Serial Number :- 0121

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	124.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.03	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.80	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

\*\*\*end of report\*\*\*

Signature