



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address
Ways Tola, Opp. Polytechnic,
Muzaffarpur
Ph. : 0621-2222211
0621-2288102
Mob. : 981177794
9471013402

PATHOLOGY REPORT

Name:- Mr.Prashant Kumar	Age :36Y/M	Date :-09/09/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No167279)	Serial Number :- 093

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	13.8	gm/dl	12 - 17
Total Leukocyte Count	6,400	/Cumm.	4000 - 11000
RBC Count	5.41	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.8	%	30 - 50
Platelet Count	1.30	Lakhs/c.mm	1.5 - 4.5
MCV	80.0	fl	80 - 100
MCH	26.0	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	58	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	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	26.0	mg/dl	13 - 45
S. Creatinine	0.98	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	147.4	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.58	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94 - 110
S. Calcium	9.05	mg/dl	8.7 - 11.0
S. Uric Acid	6.18	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"B" 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	0.91	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	29.0	U/L	05 - 40
S. SGOT (AST)	32.0	U/L	05 - 40
S.GGT	34.0	U/L	05 - 45
S. Alkaline Phosphatase	99.8	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.01	g/dl	6.0 - 8.3
S. Albumin	4.03	g/dl	3.2 - 5.0
S. Globulin	2.98	g/dl	2.8 - 4.5
S. A/G Ratio	1.35		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	180.0	mg/dl	130 - 200
S. Triglycerides	95.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	19.0	mg/dl	10 - 40
S. HDL-Cholesterol	46.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	115.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.91		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.50		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	93.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	110.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	5.1	%

Mean Blood Glucose level (MBG) – 91.0 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.

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	122.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.58	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.81	µIU/mL	(0.3 - 5.5)

Technology :

- T3 - Competitive Chemi Luminescent Immuno Assay
- T4 - Competitive Chemi Luminescent Immuno Assay
- TSH - Ultra Sensitive Sandwich 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).
end of report

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PATHOLOGY REPORT

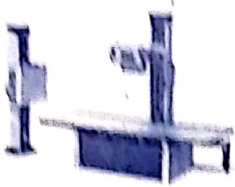
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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Yellow
Specific Gravity	1.020
Appearance	Clear
pH	6.5
(Acidic)	
Chemical Examination	
Protein	Trace
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	

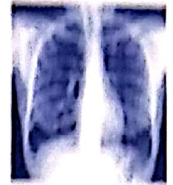
Signature





Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed.....

Referred by Dr.....

NAME	PRASHANT KUMAR	AGE/SEX	35YEARS/ M
REF BY.	DR. A K.,SINGH.M BBS MD	DATE	09.09.2023

X-RAY REPORT

CHEST PA VIEWS

Findings :-

- Bilateral Lung 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

DR. ARUPMAITY
Consultant Radiologist MBBS.
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



ECHOCARDIOGRAPHY REPORT

Name : Mr. Prashant Kumar
Date : 09/09/2023
IPID No. :
Ref. By : Self

Age/Sex : 35/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. Score: _____
Subvalvular deformity Present/Absent. A>E

Doppler Normal/Abnormal E>A RRInterval _____ msec
Mitral Stenosis Present/Absent MVAcm2
EDG _____ mmHg MDG mmHg
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler Normal/Abnormal RR interval _____ msec
Tricuspid stenosis Present/Absent
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. Level
Pulmonary stenosis Present/Absent Pulmonary annulus _____ mm
PSG _____ mmHg
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 Level
Aortic Stenosis Present/Absent Aortic annulus _____ mm
PSG mmHg
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

NAME :- PRASHANT 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 [15.08 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 10.27 cm).

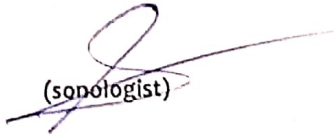
Kidneys:- Rt. Kidney :- 10.72 x 3.66 cm Lt. Kidney :- 10.55 x 4.32 cm
Both kidneys are normal in shape, size, contour, cortical echo texture, and sinus echoes. No evidence of calculus, calcification, hydronephrotic changes or mass lesion seen.

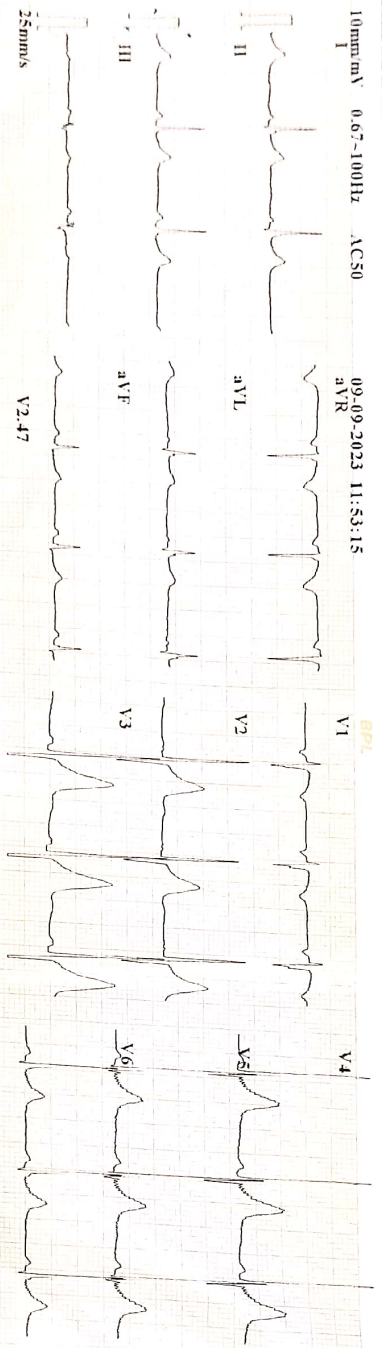
UB:- Urinary bladder is smoothly outlined. There is no calculus within.

Prostate :- The prostate is normal in shape and size.

Free fluid:- No free fluid is noted in the peritoneal cavity.

Impression :- Hepatomegaly.


(sonologist)



10mm/mV 0.67-100Hz AC50
 09-09-2023 11:53:15
 aVR

BPL
 V1

V4

ID : 230909-1153
 Name :
 Age : 35 yr
 Sex : Male
 BP : mmHg
 Height : cm
 Weight : kg
 EHR : 69 bpm
 P Dur : 85 ms
 PR Int : 116 ms
 QRS Dur : 94 ms
 QT/QTc Int : 349/376 ms
 QT/QTc axis : 56/23/26 °
 RV5/SV1 amp : 2.875/0.690 mV
 RV6/SV2 amp : 3.565 mV
 RV6/SV2 amp : 1.848/0.829 mV

Escobedo KUMOST
 Minnesota Code: 6-5-0
 3-1-2(V3)
 3-3-2(V1,V5)
 9-4-1(V3)

Diagnosis Information:
 800: Sinus Rhythm
 401: Short PR Interval
 301: High Voltage(Left Ventricle)

Report Confirmed by: