

PATHOLOGY REPORT

Name:- Mr.Kumar Shankar Ravi	Age :36Y/M	Date :-22/03/2023
Ref. By :- Dr. Bank Of Baroda		Serial Number :- 0221

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.4	gm/dl	12 - 17
Total Leukocyte Count	4,500	/Cumm.	4000 - 11000
RBC Count	4.40	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	40.5	%	30 - 50
Platelet Count	2.23	Lakhs/c.mm	1.5 - 4.5
MCV	92.0	fl	80 - 100
MCH	28.1	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	48	%	40 - 70
Lymphocyte	40	%	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

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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	0.80	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.67	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	136.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.01	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	99.5	mmol/ltr	94 - 110
S. Calcium	9.28	mg/dl	8.7 - 11.0
S. Uric Acid	5.33	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

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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	0.75	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05 - 40
S. SGOT (AST)	35.0	U/L	05 - 40
S. G.G.T	30.0	U/L	05 - 45
S. Alkaline Phosphatase	108.9	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.99	g/dl	6.0 - 8.3
S. Albumin	3.80	g/dl	3.2 - 5.0
S. Globulin	3.80	g/dl	2.8 - 4.5
S. A/G Ratio	1.19		

BLOOD GROUPING

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

end of report

Signature

Address

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

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	199.0	mg/dl	130 - 200
S. Triglycerides	120.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	24.0	mg/dl	10 - 40
S. HDL-Cholesterol	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	125.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.98		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	75.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	98.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.02	%


Mean Blood Glucose level (MBG) – 89.8 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.L.I.A	87.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.9	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.97	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).a
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Urine Routine And Microscopy

TEST

Physical Examination

Volume

Colour

Specific Gravity

Appearance

pH

Chemical Examination

Protein

Sugar

Bile Salts

Bile Pigments

Microscopic Examination

Pus Cells

Red Blood Cells

Epithelial Cells

Crystal/Cast

Other

end of report

RESULTS

20 ml

Straw

1.020

Clear

5.0 (Acidic)

Nil

Nil

N/D

N/D

1-2 /hpf

Nil /hpf

Present (+)

Nil

Nil

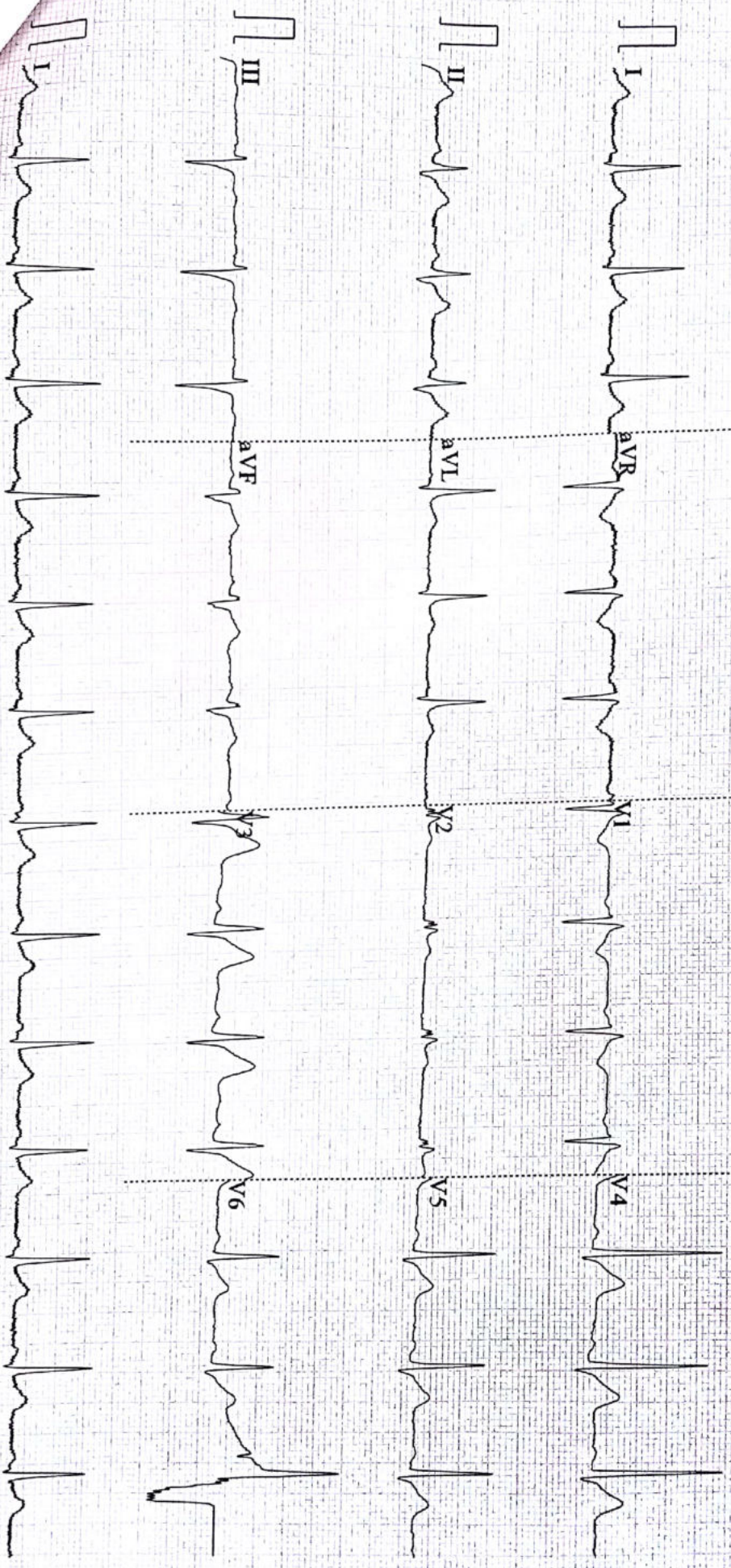
Signature

20-02-2001 02:01:56 PM
ID: 1714
Kumar Ravishankar
Male 38Y years

HR : 82 bpm
P : 106 ms
PR : 143 ms
QRS : 106 ms
QT/QTc : 342/400 ms
P/QRS/T : 46/-17/33 °
RV5/SV1 : 1415/0.757 mV

Diagnosis Information:
Lead Off (V6)
The following results are for reference only
Sinus Rhythm

Report Confirmed by: Dr. A.K Singh



Hz AC50 25mm/s 10mm/mV Lead Off 4*2.5s+1r 82 V2.02 SEMIP V1.7 URMILLA HEART HOSPITAL, Naya Tola, M



Om Shakti X-Ray & Ultrasound

SPEAKER ROAD, NAYATOLA, MUZAFFARPUR

स्पीकर रोड, नया टोला, मुजफ्फरपुर

Consultant Radiologist Dr. (Prof.) S.K. Shandilya

Ex-Prof. & Head cum Superintendent

D.M.C.H., LAHERIYA SARAI

Regd.No-11671.

Date:22.03.2023.

NAME – MR. KUMAR RAVI SHANKAR.

REFD. BY – DR. A.K.SINGH.

DIP CARD

ULTRA SONOGRAPHY OF WHOLE ABDOMEN

Liver is enlarged measuring 16.2cm & mild echogenic.

Gall bladder is normal & lumen is echofree.

Common bile duct and portal vein have normal diameter.

Pancreas appears normal.

Spleen is normal measuring (09.4cm).

Both kidney are normal in size, shape & echotexture.C.M.D.maintaned.
(Rt. kidney measures 102.4x48.1mm & Lt. kidney measures 104.5x55.4mm in diameter).

Prostate is normal measuring 10.6gm.

Urinary bladder is normal.

NO retroperitoneal adenopathy is seen.

IMPRESSION:- ENLARGE FATTY LIVER.

This Ultra Sonography of Whole abdomen done by CH5-2 Convex probe, 2D and Color of SIEMENS ACUSON NX2.

RADIOLOGIST

KINDLY CORRELATE CLINICALLY, NOT FOR MEDICO-LEGAL PURPOSE