



PATHOLOGY REPORT

Name:- Mr. Durga Shankar	Age :34Y/M	Date :-24/06/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109450)	Serial Number :- 0241

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	8,000	/Cumm.	4000 - 11000
RBC Count	5.08	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	44.1	%	30 - 50
Platelet Count	1.58	Lakhs/c.mm	1.5 - 4.5
MCV	86.8	fl	80 - 100
MCH	26.8	pg	26 - 34
MCHC	30.7	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	50	%	40 - 70
Lymphocyte	40	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	10	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	28.0	mg/dl	13 - 45
S. Creatinine	1.07	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	135.1	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.82	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	96.1	mmol/ltr	94 - 110
S. Calcium	8.90	mg/dl	8.7 - 11.0
S. Uric Acid	10.90	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	0.29	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	72.0	U/L	05 - 40
S. SGOT (AST)	54.0	U/L	05 - 40
S.GGT	56.0	U/L	05 - 45
S. Alkaline Phosphatase	126.8	U/L	Adult -- 25 - 140 Children (1-12 yrs.) -- 104 - 390
S. Total Protein	7.28	g/dl	6.0 - 8.3
S. Albumin	4.18	g/dl	3.2 - 5.0
S. Globulin	3.10	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	226.0	mg/dl	130 - 200
S. Triglycerides	125.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	25.0	mg/dl	10 - 40
S. HDL-Cholesterol	52.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	149.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.34	-	Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.86	-	1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	98.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	146.0	mg/dl	80 - 160

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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	7.02	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.63	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 TSBG concentration, which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR).
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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.8	%

Mean Blood Glucose level (MBG) – 91.6 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



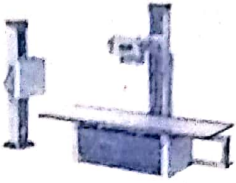
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Urine Routine And Microscopy

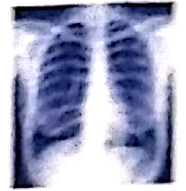
<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH	5.0
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	

Signature



Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date _____

Patient's Name :

Part X-Rayed.....

Referred by Dr.....

PATIENT ID	: 246202304	PATIENT NAME	: DURGA SHANKAR
AGE	: -34Y	SEX	: M
REF. PHY.	: DR ANIL KUMAR SINGH M B B S	STUDY DATE	: 24-Jun-2023

RADIOLOGY REPORT

EXAM:X RAY CHEST PA

CLINICAL HISTORY:

COMPARISON:

None

TECHNIQUE:

Frontal projections of the chest were obtained

FINDINGS

- Both lung fields are clear.
- Both costophrenic angles appear normal.
- The tracheal lucency is centrally placed.
- The mediastinal and diaphragmatic outlines appear normal.
- The heart shadow is normal.
- The bony thoracic cage and soft tissues are normal.

IMPRESSION

- The study is within normal limits.

Dr Vilas Kanikdaley
Consultant Radiologist
MBBS, MD, DMRE, DMRD
Regn No: 34910

Dr Vilas Kanikdaley
24 th Jun 2023

(NOT VALID FOR MEDICO LEGAL PURPOSE)
Facilities Available : 300 MA X-Ray Machine (Digital CR) # Computerised ECG

NAME :- DURGA SHANKAR .

DATE :- 24/06/2023

REFD.BY:- DR./SELF.

SEX:- M

Thanks for the kind referral.

USG of Whole Abdomen

Liver:-

Liver is enlarged in size [16.10 cm] with shows 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:-

Normal in shape, size & contour .

Kidneys:-

Rt. Kidney :- 10.14 x 3.69 cm

Lt. Kidney :- 10.71 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 dilated.

UB:-

Urinary bladder is smoothly outlined. There is no calculus within.

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 :-Hepatomegaly with fatty liver .Grade -I.

(sonologist)

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 **3.1**
LV ed **4.5**
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
Normal LV Systolic & Diastolic Function
No RWMA/LVEF=60%
No MR/AR /PR/TR
Normal Pericardium

Dr. Anil Kr. Singh
Cardiologist

