

PATHOLOGY REPORT

Name:- Mr. Ravi Kumar	Age :39Y/M	Date :-25/11/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No165063)	Serial Number :- 0251

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	14.0	gm/dl	12 - 17
Total Leukocyte Count	8,700	/Cumm.	4000 - 11000
RBC Count	4.81	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	40.1	%	30 - 50
Platelet Count	1.40	Lakhs/c.mm	1.5 - 4.5
MCV	83.4	fl	80 - 100
MCH	27.7	pg	26 - 34
MCHC	33.2	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	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	28.0	mg/dl	13 - 45
S. Creatinine	0.90	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	141.8	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.98	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	102.4	mmol/ltr	94 - 110
S. Calcium	9.19	mg/dl	8.7 - 11.0
S. Uric Acid	3.97	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

end of report

Signature



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

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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	0.82	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	42.0	U/L	05 - 40
S. SGOT (AST)	49.0	U/L	05 - 40
S.GGT	38.0	U/L	05 - 45
S. Alkaline Phosphatase	98.4	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.32	g/dl	6.0 - 8.3
S. Albumin	4.14	g/dl	3.2 - 5.0
S. Globulin	3.18	g/dl	2.8 - 4.5
S. A/G Ratio	1.08		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	156.0	mg/dl	130 - 200
S. Triglycerides	65.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	13.0	mg/dl	10 - 40
S. HDL-Cholesterol	39.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	104.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.01		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.66		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	107.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	128.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.10	%

Mean Blood Glucose level (MBG) – 92.8 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.

end of report

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	125.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.05	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.83	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 





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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 :- RAVI KUMAR .
REFD.BY:- DR./SELF.

DATE :- 24/11/2023
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in size [17.82 cm] and shows fatty infiltration.
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 10.65 cm).

Kidneys:- Rt. Kidney :- 7.37 x 3.69 cm Lt. Kidney :- 8.16 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.

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.

Other:- Few fecal gas seen.

Impression :- Hepatomegaly with fatty liver. Grade. II.


(sonologist)

Ravi Kumar
Pediatric PA

39
25-11-23 2:35:20 PM

Male

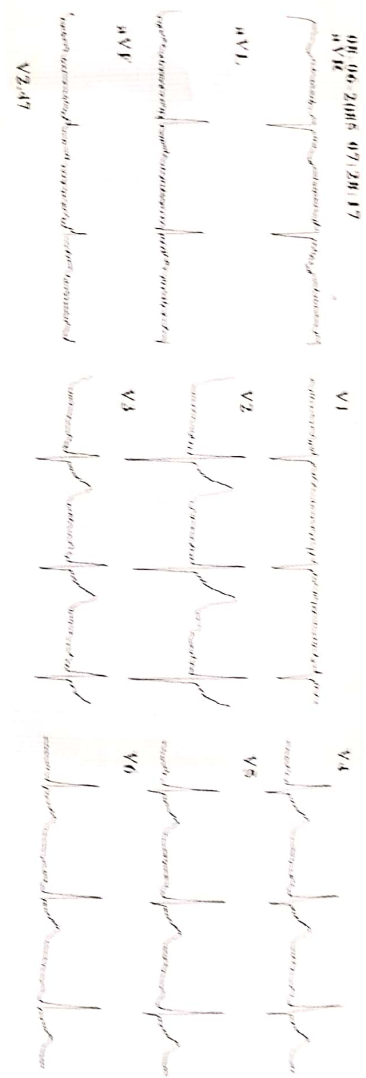
69.4 %

BOB

JRMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR



IOMPOXY 0.8-7.1112 AC7.60
 00.06.2006 07:28:47
 25mm/s



112 380619 0728
 Age 59 yr
 Sex Male
 Height 168 cm
 Weight 68 kg
 HR 71 bpm
 PR 94 ms
 PQ Int 146 ms
 QRS Dur 76 ms
 QT/QTc Int 363/397 ms
 P/QRS/T a/b 45/24/37 %
 RV5/6V1 amp 1.188/0.810 mV
 RV5/6V1 amp 1.998 mV
 RV6/5V2 amp 1.128/1.192 mV

Memorise Code: 941533
 Diagnostic Information:
 810 Sinus Brady
 Normal ECG
 Report continued by:



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ECHOCARDIOGRAPHY REPORT

Name : Mr. Ravi Kumar
Date : 25/11/2023
IPID No. :
Ref. By : Self
Age/Sex : 39/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** RRInterval _____ 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 _____

Pulmonary regurgitation **PSG _____ mmHg** Pulmonary annulus _____ mm

Early diastolic gradient **Present/Absent**
_____ 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.**



Measurements

Aorta 3.0
LV es 3.5
IVS ed 1.1
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

LA es 3.8
LV ed 4.8
PW (LV) 1.0
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 RWMAL/VEF=60%
No MR/AR/PR/TR
Normal Pericardium


Dr. Amil Kr. Singh
Cardiologist