



URMILA HEART
& MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mr. Kumar Ankesh	Age :39Y/M	Date :-08/07/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No170813)	Serial Number :- 0083

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	12.2	gm/dl	12 - 17
Total Leukocyte Count	7,400	/Cumm.	4000 - 11000
RBC Count	4.60	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.2	%	30 - 50
Platelet Count	1.45	Lakhs/c.mm	1.5 - 4.5
MCV	83.0	fl	80 - 100
MCH	26.5	pg	26 - 34
MCHC	31.6	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	14	mm/1 st hr.	00 - 20

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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	32.0	mg/dl	13 - 45
S. Creatinine	1.02	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	14.94	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	139.8	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.02	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	105.8	mmol/ltr	94 - 110
S. Calcium	9.13	mg/dl	8.7 - 11.0
S. Uric Acid	6.83	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	0.81	mg/dl	Adults: 0.1 - 1.2	
			Infants: 1.2 - 12	
S. SGPT (ALT)	37.0	U/L	05 - 40	
S. SGOT (AST)	34.0	U/L	05 - 40	
S.GGT	39.0	U/L	05 - 45	
S. Alkaline Phosphatase	90.0	U/L	Adult -- 25 - 140	
			Children (1 – 12 yrs.) -- 104 - 390	
S. Total Protein	6.94	g/dl	6.0 - 8.3	
S. Albumin	3.82	g/dl	3.2 - 5.0	
S. Globulin	3.12	g/dl	2.8 - 4.5	
S. A/G Ratio	1.22			

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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	95.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	19.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	131.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.12		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.72		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)	150.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

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

Mean Blood Glucose level (MBG) – 92.2 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	138.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.20	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.70	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
end of report

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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

ECHOCARDIOGRAPHY REPORT

Name : Mr. Anikesh Kumar
Date : 08/07/2023
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 A>E
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
PSG _____mmHg Pulmonary annulus _____mm
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
Aortic Stenosis Present/Absent Level
PSG mmHg Aortic annulus _____mm
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 3.1	(2.0 – 3.7cm)	LAes 3.3	(1.9 – 4.0cm)
LV es 2.3	(2.2 – 4.0cm)	LV ed 3.9	(3.7 – 5.6cm)
IVS ed 0.8	(0.6 – 1.1cm)	PW (LV) 1.1	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVd (ml)	
EF 60%	(54%-76%)	IVS motion	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

200/16
Dr. Anil Kr. Singh
Cardiologist



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NAME :- ANKESH KUMAR .
REFD.BY:- DR./SELF.

DATE :- 08/07/2023
SEX:- M

Thanks for the kind referral.

USG of Whole Abdomen

Liver:-

Liver is Enlarged in size [14.26cm] with shows fatty infiltration.
No focal lesion is seen. I.H.B.R. are not dilated.
Normal distention. Walls are not thickened (3.0 mm) . No evidence of calculus ,sludge , or mass lesion seen.
C.B.D. is normal in caliber.

GB:-

C.B.D:-

Pancreas normal in size shape and echo texture.

Pancreas:-

Spleen:-

Kidneys:-

Enlarged in shape, size & contour . (bipolar length is 12.43cm).

Rt. Kidney :- 7.25 x 3.66 cm

Lt. Kidney :- 9.39 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:-

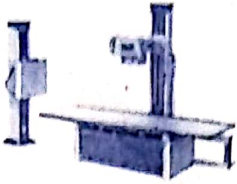
Prostate :-

Free fluid:-

Urinary bladder is smoothly outlined. There is no calculus within.
The prostate is normal in shape and size.
No free fluid is noted in the peritoneal cavity.

Impression :- 1.Hepatomegaly with fatty liver.
2. Splenomegaly.

(sonologist)



Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed.....

Referred by Dr.....

PATIENT ID	: 87202309	PATIENT NAME	: ANIKESH KUMAR AGE 39
AGE	: -39Y	SEX	: M
REF. PHY.	: A K SINGH MBBS MD	STUDY DATE	: 8 JULY 2023

RADIOLOGY REPORT EXAM: X RAY CHEST

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:
1. The study is within normal limits.

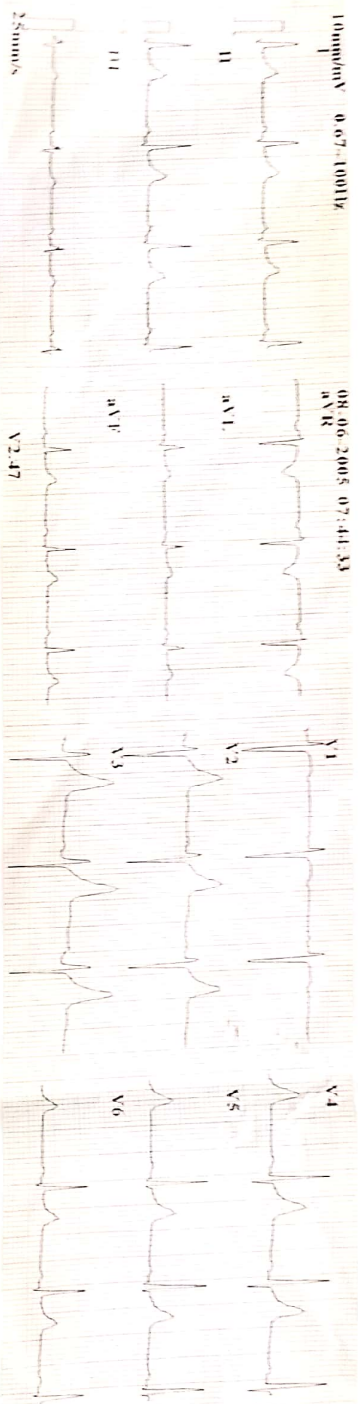
Dr Umesh Chitte
Consultant Radiologist
MBBS, DMRI
Regn No. 2016/10/4196

Dr Umesh Chitte
8 JULY 2023

(NOT VALID FOR MEDICO LEGAL PURPOSE)

Facilities Available : 300 MA X-Ray Machine (Digital CR) # Computerised ECG





UNDISPRT

ID : 050608 0711
 Name : *[Signature]*
 Age : 59 yr
 Sex : Male
 BP : mmHg
 Height : cm
 Weight : kg
 HR : 73 bpm
 P Dur : 91 ms
 PR Int : 142 ms
 QRS Dur : 85 ms
 QT/QTc Int : 334/369 ms
 P/QRS/T axis : 38/35/40 °
 RV5/SV1 amp : 1.140/1.274 mV
 RV5+SV1 amp : 2.414 mV
 RV6/SV2 amp : 0.906/1.182 mV

Minnesota Code

Diagnosis Information:
 800 Sinus Rhythm
 Normal ECG

Report Confirmed by: