



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name: Mr. Kumar Prabhakar	Age :31Y/M	Date :-11/09/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No102174)	Serial Number :- 0111

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.6	gm/dl	12 - 17
Total Leukocyte Count	5,800	/Cumm.	4000 - 11000
RBC Count	4.48	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.1	%	30 - 50
Platelet Count	1.32	Lakhs/c.mm	1.5 - 4.5
MCV	82.7	fl	80 - 100
MCH	26.5	pg	26 - 34
MCHC	32.0	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	64	%	40 - 70
Lymphocyte	32	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	02	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	16	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	32.0	mg/dl	13	- 45
S. Creatinine	1.06	mg/dl	Male 0.7	- 1.4
			Female 0.6	- 1.2
S. BUN	14.94	mg/dl	6.0	- 21
S. Sodium (Na ⁺)	147.8	mmol/ltr	135	- 150
S. Potassium(K ⁺)	4.04	mmol/ltr	3.5	- 5.5
S. Chloride(Cl ⁻)	103.6	mmol/ltr	94	- 110
S. Calcium	9.30	mg/dl	8.7	- 11.0
S. Uric Acid	8.87	mg/dl	Male 3.5	- 7.2
			Female 2.5	- 6.2

BLOOD GROUPING

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

end of report

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LFT (Liver Function Test) - serum

TEST	RESULT	UNIT	Reference Values
S. Total Bilirubin	0.92	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	74.0	U/L	05 - 40
S. SGOT (AST)	66.0	U/L	05 - 40
S. GGT	56.0	U/L	05 - 45
S. Alkaline Phosphatase	146.8	U/L	Adult - 25 - 140 Children (1 - 12 yrs.) - 104 - 390
S. Total Protein	7.42	g/dl	6.0 - 8.3
S. Albumin	4.32	g/dl	3.2 - 5.0
S. Globulin	3.10	g/dl	2.8 - 4.5
S. A/G Ratio	1.39		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	247.0	mg/dl	130 - 200
S. Triglycerides	110.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	22.0	mg/dl	10 - 40
S. HDL-Cholesterol	56.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	169.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.41		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	3.01		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	103.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	140.0	mg/dl	80 - 160

end of report

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	5.40	%

Mean Blood Glucose level (MBG) = 94.0 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	131.0	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	4.01	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

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PATHOLOGY REPORT

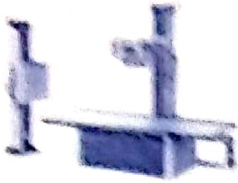
Name:- Mr. Kumar Prabhakar	Age :31Y/M	Date :-11/09/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No102174)	Serial Number :- 0111

Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Lt Yellow
Specific Gravity	1.020
Appearance	Clear
pH	5.0
(Acidic)	
Chemical Examination	
Protein	<i>Trace</i>
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 (BINAR)



Date

No.:

Patient's Name :

Part X-Rayed.....

Referred by Dr.....

NAME	PRABHAKAR KUMAR	AGE/SEX	42 YEARS / MALE
REF BY.	DR. A K SINGH M B B S MD	DATE	11.08.2021

X-R-REPORT

CHEST PA VIEWS

Findings :-

- Bilateral Lungs 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. ANKITCHOTALIYA, MD, DMRD,
 Consultant Radiologist Reg
 No: MMC-2013 05 1492

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. Patient's 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



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ECHOCARDIOGRAPHY REPORT

Name : Mr. Prabhakar Kumar
Date : 11/09/23
IPID No. :
Ref. By : Self

Age/Sex : 31/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>
Aorta 2.2	(2.0 - 3.7cm)
LVes 2.6	(2.2 - 4.0cm)
IVS cd 0.9	(0.6 - 1.1cm)
RVed	(0.7 - 2.6cm)
LVVd (ml)	
EF 60%	(54% - 76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 4.1	(1.9 - 4.0cm)
LV ed 4.0	(3.7 - 5.6cm)
PW (LV) 0.9	(0.6 - 1.1cm)
RV Anterior wall	(upto 5 mm)
LVV's (ml)	
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

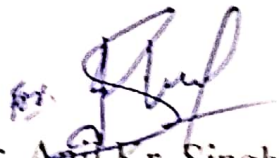
Normal Enlarged/Clear/Thrombus

PERICARDIUM

COMMENTS & SUMMARY

Normal Thickening/Calcification/Effusion

All Chambers are Normal in Size
gd I LV Diastolic Dysfunction
Normal LV Systolic Function
No RWMA/LVEF=60%
No MR/AR/PR/TR
Normal Pericardium


Dr. Anil Kr. Singh
Cardiologist

NAME :- PRABHAKAR KUMAR .

DATE :- 11/09/2023

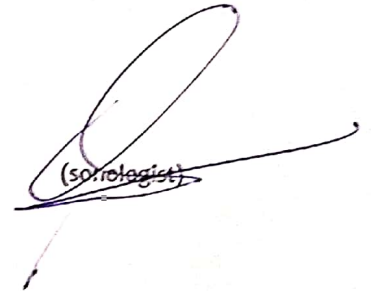
REFD.BY:- DR./SELF.

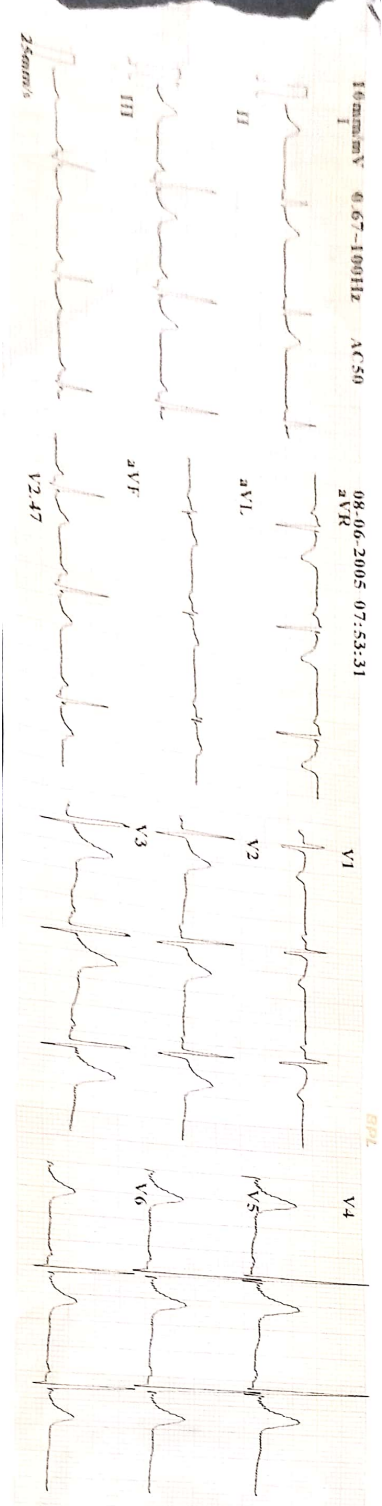
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in size [14.94 cm] and 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:- Enlarged in shape, size & contour . {12.86 cm.}
Kidneys:- Rt. Kidney :- 10.76 x 3.69 cm Lt. Kidney :- 10.54 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 diated.
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 :- 1.Hepatomegaly with fatty liver.
2.Splenomegaly.


(sonologist)



ID : 050608-0795
 Name : 32 yr Prabhakar Kumar
 Age : Male
 Sex : Male
 BP :
 Height : cm
 Weight : kg
 HR : 72 bpm
 P Dur : 91 ms
 PR Int : 142 ms
 QRS Dur : 69 ms
 QT/QTc Int : 338/370 ms
 P/QRS/T axis : 76/59/41 °
 RV5/SV1 amp : 2.508/0.493 mV
 RV6/SV2 amp : 2.801 mV
 RV6/SV2 amp : 1.743/0.512 mV

Minnesota Code:
 9-4-1(V3)

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed by: