

PATHOLOGY REPORT

Name:- Mr. Nawal Kishor Chaudhary	Age :49Y/M	Date :-09/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No106511)	Serial Number :- 092

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	12.8	gm/dl	12 - 17
Total Leukocyte Count	8,100	/Cumm.	4000 - 11000
RBC Count	4.32	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.8	%	30 - 50
Platelet Count	1.58	Lakhs/c.mm	1.5 - 4.5
MCV	89.8	fl	80 - 100
MCH	28.9	pg	26 - 34
MCHC	32.2	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	54	%	40 - 70
Lymphocyte	36	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	<1 - 2 %
ESR	40	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	1.02	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	144.2	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.16	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94 - 110
S. Calcium	8.90	mg/dl	8.7 - 11.0
S. Uric Acid	7.04	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"O" 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)	29.0	U/L	05 - 40
S. SGOT (AST)	35.0	U/L	05 - 40
S. GGT	32.0	U/L	05 - 45
S. Alkaline Phosphatase	81.6	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.24	g/dl	6.0 - 8.3
S. Albumin	4.18	g/dl	3.2 - 5.0
S. Globulin	3.16	g/dl	2.8 - 4.5
S. A/G Ratio	1.32		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	187.0	mg/dl	130 - 200
S. Triglycerides	105.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	21.0	mg/dl	10 - 40
S. HDL-Cholesterol	46.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	120.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.06		Low Risk: <3.0 Average Risk: 3 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.60		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	80.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	110.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.30	%

Mean Blood Glucose level (M3G) – 95.3 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 (T ₃)	C.L.I.A	138.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T ₄)	C.L.I.A	7.10	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.86	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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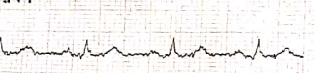
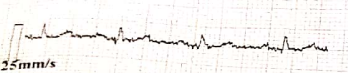
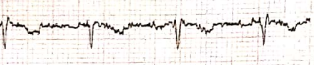
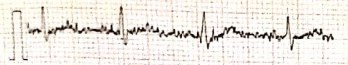
Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
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	

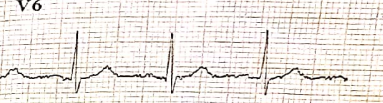
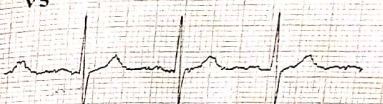
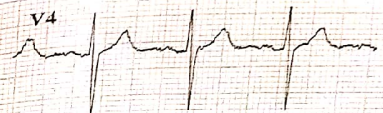
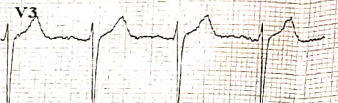
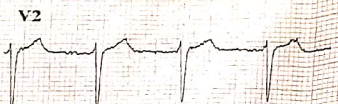
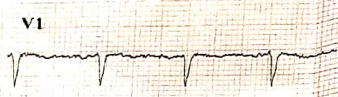
Signature

OPL
10mm/mV 0.5-75Hz ACS0

08-06-2005 07:37:38
aVR



V2.47



ID : 050608-0792
Name :
Age : 49 yr
Sex : Male
BP : mmHg
Height : cm
Weight : kg

Minnesota Code:
9-4-2(V4)

Nawal Kishore Chad

HR : 90 bpm
P Dur : 97 ms
PR int : 145 ms
QRS Dur : 102 ms
QT/QTc int : 335/410 ms
P/QRS/T axis : 67/67/57 °
RV5/SV1 amp : 1.131/0.604 mV
RV5+SV1 amp : 1.735 mV
RV6/SV2 amp : 0.954/1.121 mV

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

Report Confirmed by:

CARDIART

NAME :- NAWAL KISHOR CHAUDHARY
REFD.BY:- DR./SELF.

DATE :- 03/12/2022
SEX :- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in size [15.09 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:- Normal, in shape, size & contour . {10.59cm}.
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 dilated.
UB:- Urinary bladder is smoothly outlined. There is no calculus within.
prostate:- The prostate is mildly enlarged in size .Weight:- 29.9grms.
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.Grade-I
2.Mild prostatomegaly.


(Signature)



ECHOCARDIOGRAPHY REPORT

Name : Mr. Naval Kiskore Chaudhary Age/Sex : 49/M
Date : 10/12/2023 ECHO No. :
IPID No. : UHD No. :
Ref. By : Self 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 RR Interval _____ 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 3.1	(2.0 - 3.7cm)
LV es 3.2	(2.2 - 4.0cm)
IVS ed 0.8	(0.6 - 1.1cm)
RVed	(0.7 - 1.2 cm)
LVVd (ml)	
EF 60%	(54% - 70%)

<u>Measurements</u>	<u>Normal values</u>
LAes 3.3	(1.9 - 4.0cm)
LV ed 4.7	(3.7 - 5.6cm)
PW (LV) 0.9	(0.6 - 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVs (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

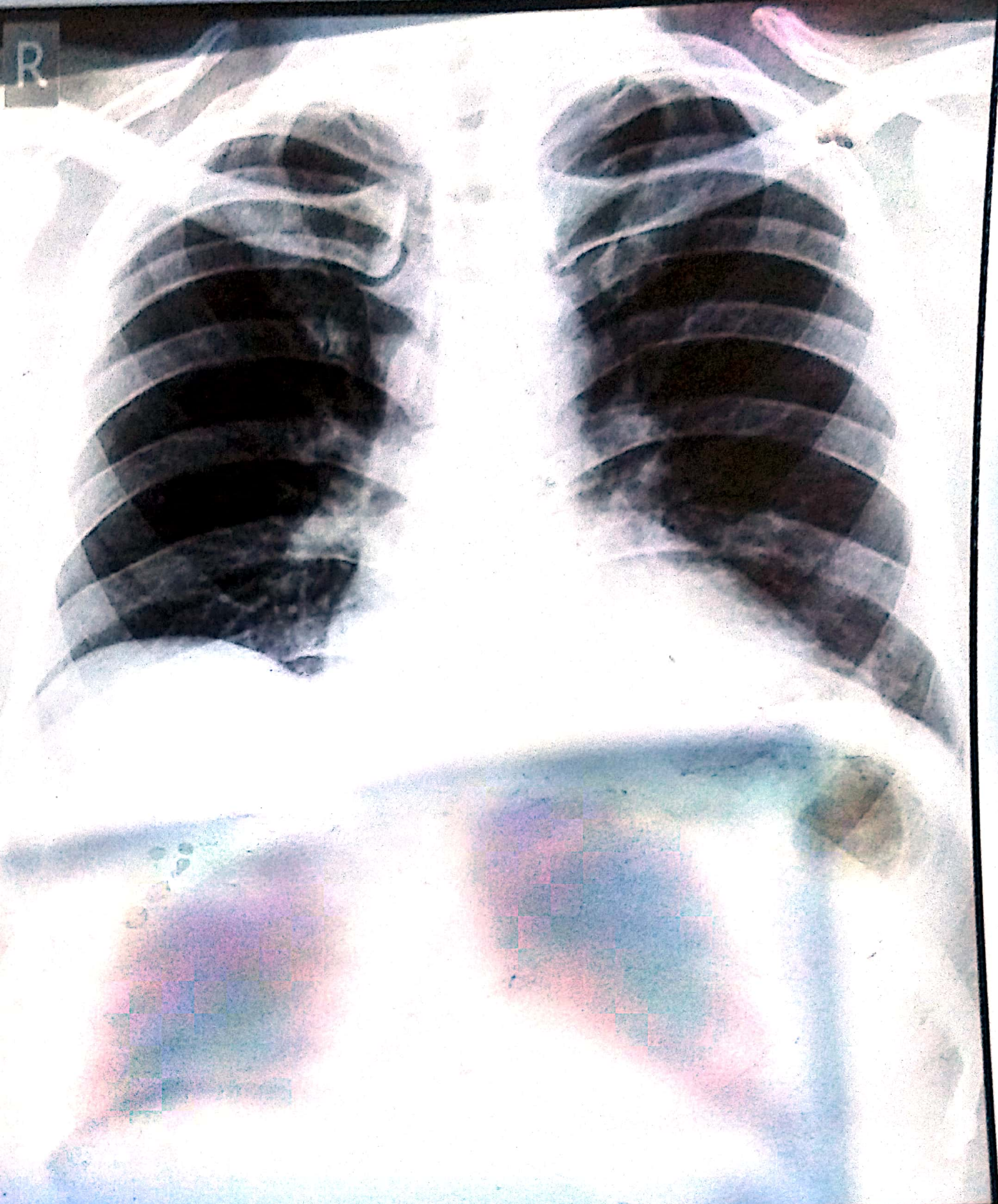
PERICARDIUM Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

All Chambers are normal in size
 Mild LV Diastolic Dysfunction
 Normal LV Systolic Function
 No RWMA/LVEF=60%
 No MR/AR/PR/TR
 Normal Pericardium

Anil Kr. Singh
 Dr. Anil Kr. Singh
 Cardiologist

R



NAVAL KISHORE CHAUDHARY
Chest PA

49 Male
09-12-23 3:16:00 PM

59.5 %
DR. A.K. SINGH

URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR