

*White ucel 11/19*

⇒ Height ⇒ 164 cm  
⇒ Weight ⇒ 65 kg.  
⇒ B.P ⇒ 110/70  
⇒ Pulse ⇒ 59. ..

*Sau Dushan*  
**NEW B.K. HOSPITAL**  
**JAUHARI BAZAR**  
**HAJIPUR (VAISHALI)**



## REPORT

NAME : RAM BABU PASWAN

AGE : 52

SEX : Male

LAB REF NO. B9P4572

COLLECTED ON : 24/06/2023 12:26

REGISTERED ON : 24/06/2023 12:26

REPORTED ON : 27/06/2023 12:46

Report Status : Final

REFERRED BY DR. NISHA KUMARI,  
MBBS

Ref. Lab :

Tests	Results	Biological Reference Range	Units
<b>ESR Report</b>			
<b>TEST NAME</b>	<b>FINDING</b>	<b>Normal</b>	
First Hour	10	(M=up to 10,F=up to 20 mm)	mm
Second Hour	20		mm
Average	10.00		
A B O Group	"AB "		
RH TYPING	Positive		
BLOOD SUGAR (F)	83.0	(70-110 mg/dl)	mg/dl
BLOOD SUGAR(PP)	111.0		
GAMA GT	23.0	(5 - 50 IU/L)	IU/L
SERUM CREATININE	0.99	(0.5-1.5 mg/dl)	mg/dl
BLOOD UREA NITROGEN	12.1	(8-20 mg/dl)	mg/dl
SERUM URIC ACID	4.0	(2.5-7.0)	mg/dl
P.S.A	0.14	(<4.00 ng/ml)	ng/ml

### Interpretation Result :

Male : < 4 ng/ML

Female : <0.5 ng/ML

**Note**1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age<sup>2</sup>. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy<sup>3</sup>. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding<sup>4</sup>. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels<sup>5</sup>. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations<sup>6</sup>. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri -urethral & anal glands, cells of male urethra & breast milk<sup>7</sup>. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity<sup>8</sup>. Recommended assay for PSA levels between 4-10 ng/mL (gray zone) is OncoPro Prostate Screen. It helps physicians to decide if biopsy is necessary **Recommended Testing Intervals**• Pre-operatively ( Baseline)• 2-4 days post-operatively• Prior to discharge from hospital• Monthly followup if levels are high or show a rising trend

\*\*\* End of Report \*\*\*

MR. D. K. Givi  
ide

Lab. Technician

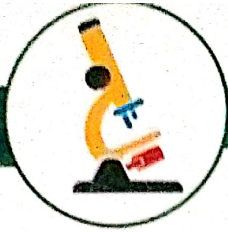
DR. MD. IMDAD ALI

MBBS, MD (PAT)

REG. NO. 34729

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<b>COMPLETE BLOOD COUNT(CBC)</b>			
Haemoglobin	12.0	(M=12-16,F=11-15 gm%)	gm%
W.B.C Count	5,120	(4000-11000 cmm)	cmm
<b>DIFFERENTIAL COUNT OF W.B.C</b>			
Neutrophils	60.0	40-75 %	%
Lymphocytes	37.9	20-50 %	%
Eosinophils	1.6	01-06 %	%
Monocytes	0.5	02-08 %	%
Basophils	00	00-01 %	%
R.B.C	4.0	(3.5-5.5 mill./cumm)	mill./cumm
P.C.V/HCT	46.5	(34-47%)	%
M.C.V	106.4	(80-96/cu $\mu$ m)	/cu $\mu$ m
M.C.H	30.4	(27.5-33.2 Pg)	Pg
M.C.H.C	28.4	(33.4-35.5%)	%
R.D.W.(CV)	15.2	(11.0-16.0 %)	%
R.D.W.(SD)	66.1	(35.0-56.0 fL)	fL
MPV	10.6	(6.5-12.0 fL)	fL
Platelets Counts	1,55,000	(1,50,000-4,50,000/ $\mu$ l)	/ $\mu$ l
PCT	0.198	(0.108-0.282 %)	%
P-LCR	26.7	(11.0-45.0 %)	%
P-LCC	39.4	(30-90 $10^9/l$ )	$10^9/l$
PDW	19.3	(9.0-17.0 fL)	fL

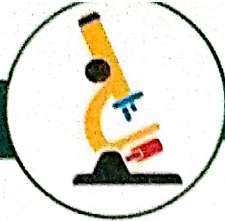
\*\*\* End of Report \*\*\*

Lab. Technician

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Tests	Results	Biological Reference Range	Units
<b>STOOL-ROUTINE EXAMINATION</b>			
<b>GROSS EXAMINATION</b>			
Colour	Brown		
Consistency	Soft		
Blood	Absent		
Mucus	Absent		
<b>MICRO-SCOPIC EXAMINATION</b>			
Ova	Not found		
Cysts	Not found		
Pus Cells	1-2/hp		
RBCs	Absent		
Others	Nil		

\*\*\* End of Report \*\*\*

*MR. D. K. GAI*

Lab. Technician

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Tests	Results	Biological Reference Range	Units
<b>LIPID PROFILE</b>			
<b>TEST NAME</b>	<b>RESULT</b>	<b>NORMAL VALUE</b>	
Total Cholesterol	190	(140-250 mg/dl)	mg/dl
Triglycerides	85	(70-140 mg/dl)	mg/dl
HDL-Cholesterol(Direct)	50	(30-60 mg/dl)	mg/dl
LDL-Cholesterol(Direct)	123.00	(80-145 mg/dl)	mg/dl
VLDL-Cholesterol	17.00	(13-33 mg/dl)	mg/dl
Ratio of Tot-Cholestro/HDL	3.80	( Up To 4.5:1)	:1
<b>LIPID PROFILE (CORONARY RISK PROFILE)</b>			
S.CHOLESTROL -	<200 : Desirable   200-239: Boderline high   >240 : High		
TRIGLYCERIDES-	<150 : Normal		
	150-199: Borderline high		
	200-499: High		
	>500 : Very High		
HDL -	<40 : Low		
	>60 : High		
LDL -	<100 : Optimal		
	100-129: Near or above optimal		
	130-159: Borderline High		
	160-189: High		
	>190 : Very High		
<b>RATIO OF TOTAL CHOLE/HDL</b>	3.3-4.4: Low risk		
	4.5-7.0: Average risk		
	7.1-11 : Moderate risk		
	>11.0 : High risk		
<b>LDL/HDL RATIO</b>	0.5-3.0: Desirable/low risk		
	3.1-6.0: Borderline/moderate risk		
	>6.1 : High risk		
<b>Very Low Density lipoprotein</b>	<30.0		

\*\*\* End of Report \*\*\*

MR. D. K. Givi

Lab. Technician

DR. MD. IMUDU ALI

MBBS, MD (PAT)

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Tests	Results	Biological Reference Range	Units
<b>LIVER FUNCTION TEST</b>			
<b>TEST NAME</b>	<b>RESULT</b>	<b>NORMAL VALUE</b>	
Serum Bilirubin Total	0.79	0.3-1.2mg/dl	mg/dl
Serum Bilirubin Direct	0.67	0.1-0.4mg/dl	mg/dl
Serum Bilirubin Indirect	0.12	0.2-0.8mg/dl	mg/dl
S.G.P.T(ALT)	30.0	5-40 lu/L	lu/L
S.G.O.T(AST)	21.0	5-40 lu/L	lu/L
Alkaline Phosphatase	112	25-130 lu/L	lu/L
Serum Protein Total	6.5	5.5-8.0gm/dl	gm/dl
Serum Albumin	4.2	3.5-5.5gm/dl	gm/dl
Serum Globulin	2.30	2.0-3.5gm/dl	gm/dl
A:G Ratio	1.83	2:1	

\*\*\* End of Report \*\*\*

MR. Dilip Giri  
Lab. Technician

Lab. Technician

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Tests	Results	Biological Reference Range	Units
<b>GLYCOSYLATED HB</b>			
<b>TESTNAME</b>	<b>FINDING</b>		
Glycosylated Hemoglobin (GHb/HbA1c)	6.0		%
<b>Hb1AC:</b>			
<b>INTERPRETATION:</b>			
Non Diabetic : 4.5-6.5 %			
Good Control : 6.5-7.0 %			
Fair Control : 7.0-8.0 %			
Poor Control : 8.0 & Above			

\*\*\* End of Report \*\*\*

*MR. D. K. SINGH*

Lab. Technician

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Tests	Results	Biological Reference Range	Units
<b>URINE-ROUTINE EXAMINATION</b>			
<b>PHYSICAL EXAMINATION</b>			
Quantity	40ml		ml
Color	Straw		
Appearance	Hazy		
Specific Gravity	1.020	(1.005-1.030)	
pH	7.5	(5.5-8.5)	
<b>CHEMICAL EXAMINATION</b>			
Protein	Nil		
Glucose	Nil		
Ketone	Nil		
Urobilinogen	Nil		
Bilirubin	Nil		
Nitrite	Nil		
Blood	Nil		
<b>MICROSCOPIC EXAMINATION</b>			
R.B.C	Nil	(0-2)	/hpf
W.B.C.	Nil		
Epithelial Cell	1-2/hpf	(0-5)	/hpf
Casts	Nil		
Crystal	Nil		
Others	Nil		

\*\*\* End of Report \*\*\*

MIR. D. K. SINGH  
Lab. Technician

Lab. Technician

DR. MD. IMDAD ALI  
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Tests	Results	Biological Reference Range	Units
<b>THYROID PROFILE, TOTAL SERUM</b>			
T3, Total	154.00	(70.00 - 200.00) ng/mL	ng/mL
T4, Total	6.91	(4.00 - 13.00) ng/mL	ng/mL
TSH	8.23	(0.30 - 4.50) uIU/mL	uIU/mL

TSH	REFERENCE RANGE IN Uiu/mL
<b>Pregnancy</b>	
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

Not : 1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m . and at a minimum between 6- 10 pm. The variation is of the order of 50 % , hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 each unbound fraction or free levels as it is metabolically active.

3. Physiological rise in total T3/T4 levels is seen in pregnancy and in Pregnancy and in Patients on steroid therapy.

Clinical use :

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary Hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Test done by Tosoh (Japan) AIA -360 FEIA Method

\*\*\* End of Report \*\*\*

MR. D. K. SINGH  
Lab. Technician

DR. MD. IMDAD ALI  
MBBS, MD (PAT)  
REG. NO. -34729  
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# NEW B.K. HOSPITAL

Sunil Singh Complex, Jahuari Bazar, Hajipur

DR. NISHA KUMARI,  
MBBS

Opd R.No : B905292  
Patient Name : RAM BABU PASWAN  
Address : husena bujurg

U6351  
Date&Time : 24/Jun/2023 11:26:42  
Age/Sex : 52 /Male  
BP : Pulse :

C/o - Come for Annual Health check  
Pain in the Rt shoulder

H/o - Injury on the Rt shoulder  
(3 months back)

PM/H - K/O - HTN. (2yr. on medication -  
Tos ESPIN - AT  
(AMLODIPINE & ATENOLOL.)

O/E  
BP - 130/70 mm Hg  
R 68/min  
SpO<sub>2</sub> - 95% @ RA  
temp - normal

S/E  
CNS }  
CNS }  
RS } NAD  
P/A - soft, non-tender  
P/R - WNL

### Investigation

CBC, ESR  
ABO/RH, BS < F  
                          PP  
Urine Sugar < F  
                          PP  
Stool Routine

Lipid Profile  
LFT, KFT  
HBA1c  
Urine (R/E)  
USG (W/A)  
X-Ray chest  
ECG  
Myoid profile

**Multi Speciality Hospital**

For More Enquiry Call- 9097333335  
NOT VALID FOR MEDICO-LEGAL PURPOSE



Adv

• TSB Calcium x1  
hot cond for Omordi

• TSB Dilove SP  
x2 for ③ day  
then 1x2 (gas)

• TSB Lantop 40  
x2 for ③ day  
then 1x2 (gas)

Nishu

24/06/2023

**Dr. Nishu Kumari**  
M.B.B.S., Reg. No. 48891



# ULTRA VISION IMAGING CENTRE

## Colour Doppler & Echo Centre

डी.एम.प्लाजा, हॉस्पिटल रोड, निकट : कॉर्पोरेटिव बैंक,  
गाँधी चौक, हाजीपुर (मैशाली)



### REPORT USG

S. No. :- 14.

Date:- 24 -June-23.

PATIENT'S NAME : Rambabu Paswan.  
AGE / SEX : ..... Yrs. / M  
REF BY : New B. K. Hospital.  
INVESTIGATION : Usg Whole Abdomen.

### REPORT

**Liver-(15.2 cm) Mildly enlarged in size with increased parenchymal echotexture. No focal lesion seen. IHBR not dilated.**

**PV-** normal in course and caliber.

**Gall bladder-** Normally distended. Wall thickness is normal and lumen echofree. No mass lesion/calculus seen.

**CBD-** CBD is normal in caliber. Lumen is echofree.

**Pancreas-** Normal in size, shape and echotexture. MPD is not dilated.

**Spleen-** (9.47 cm) Normal in size, shape with normal echotexture. Splenic vein normal in caliber.

**Right kidney :-** measures 9.21 x 3.88 cm is normal in size, shape and cortical echotexture. Cortical thickness is normal and corticomedullary differentiation is normal. Right PCS is not dilated.

**Left kidney :-** measures 9.29 x 3.92 cm is normal in size, shape and cortical echotexture. Cortical thickness is normal and corticomedullary differentiation is normal. Left PCS is not dilated.

**Urinary Bladder –** Well distended. UB wall appears normal, No calculus/mass lesion noted.

Pre Void :- 230 cc. PVRU :- 22 cc.

**Prostate-** Measures 22 cc , Normal in shape , size & echotexture.

Capsule is intact.

**Others :-** No ascites and no pleural effusion are noted.

**Gaseous Abdomen.**

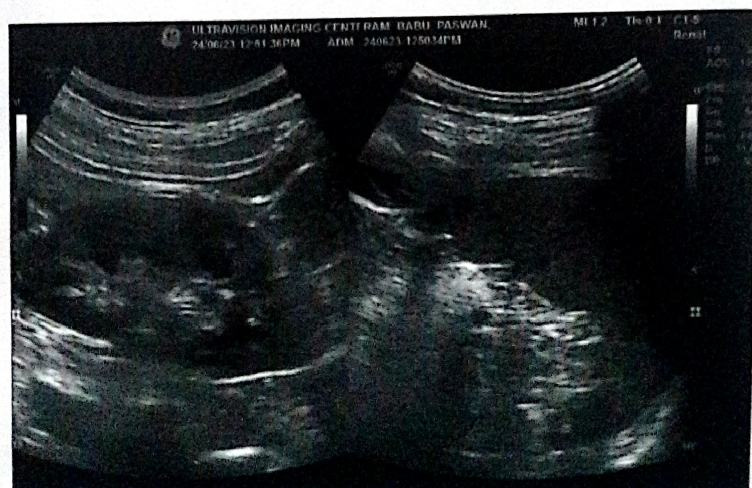
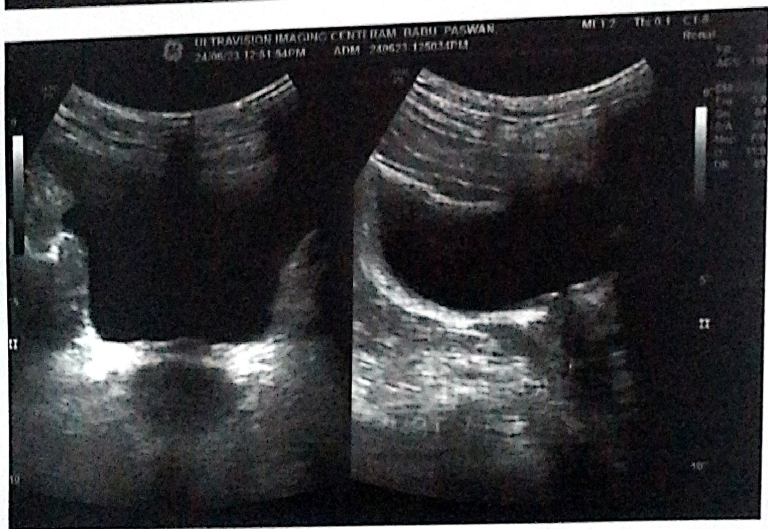
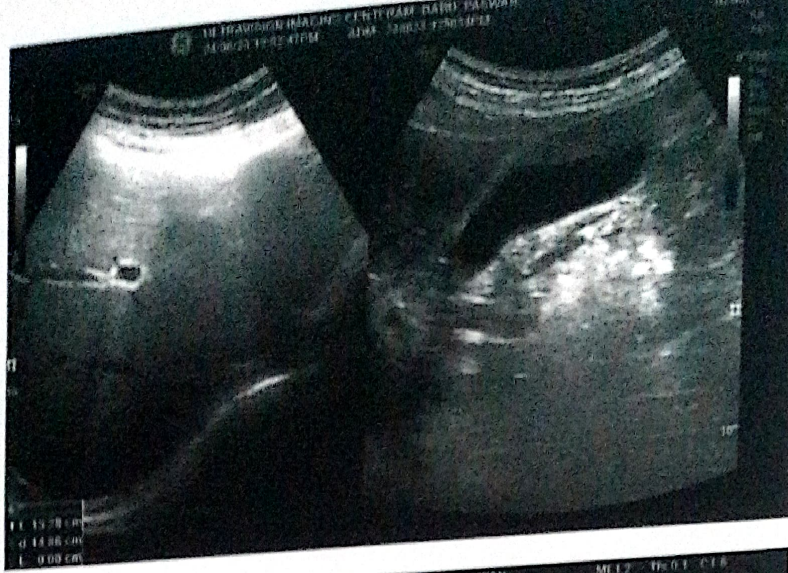
### IMPRESSION:

- > Mild Hepatomegaly with grade I fatty infiltration.
- > Gaseous Abdomen.

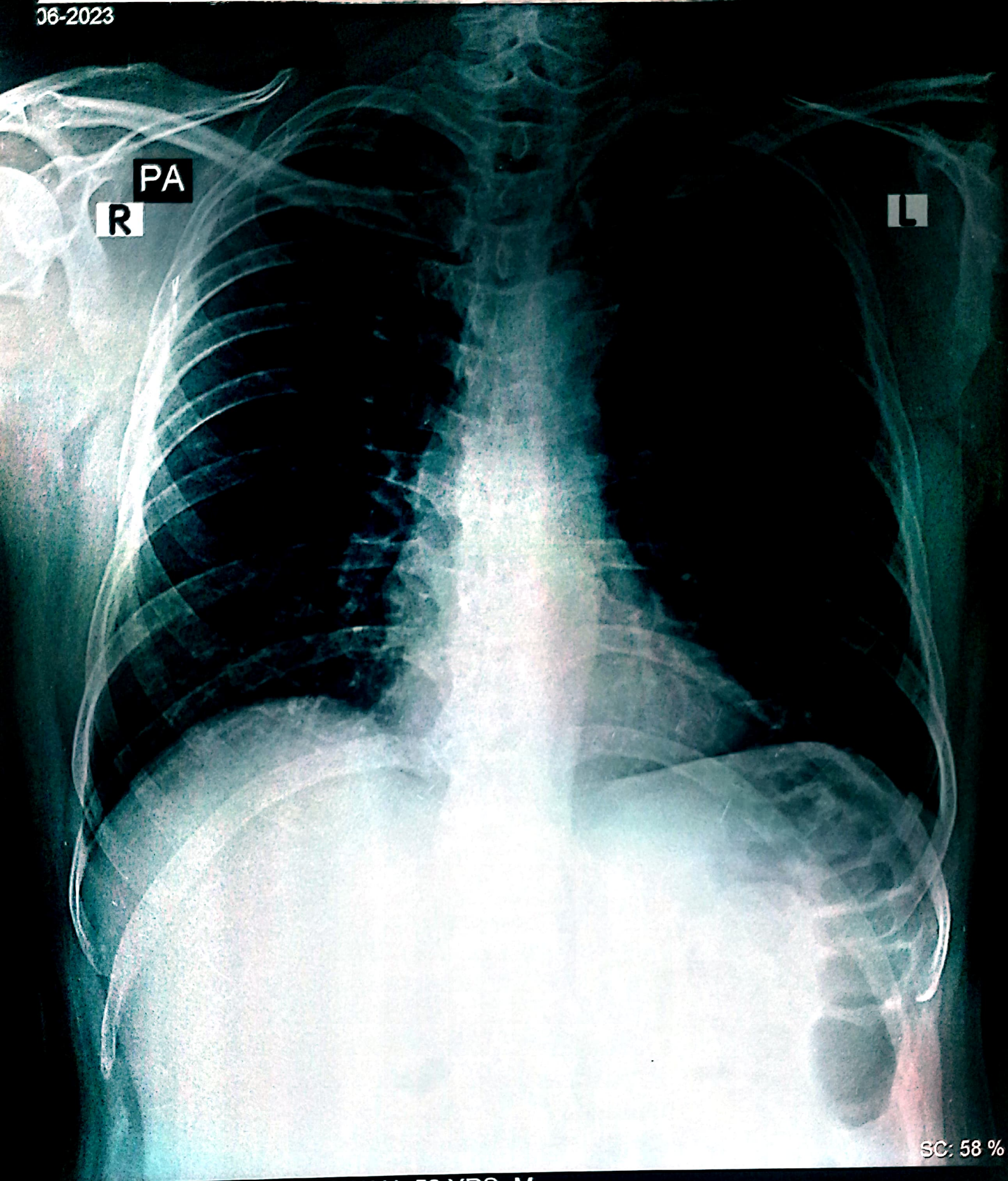
*Dr. Shahina*

MBBS(PMCH), DMRD (PMCH)PATNA  
Consultant Radiologist

**NOTE : PLEASE CORRELATE CLINICALLY, REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.**  
**FACILITY AVAILABLE : HIGH RESOLUTION SONOGRAPHY & INTERVENTIONAL PROCEDURES ALSO DONE**

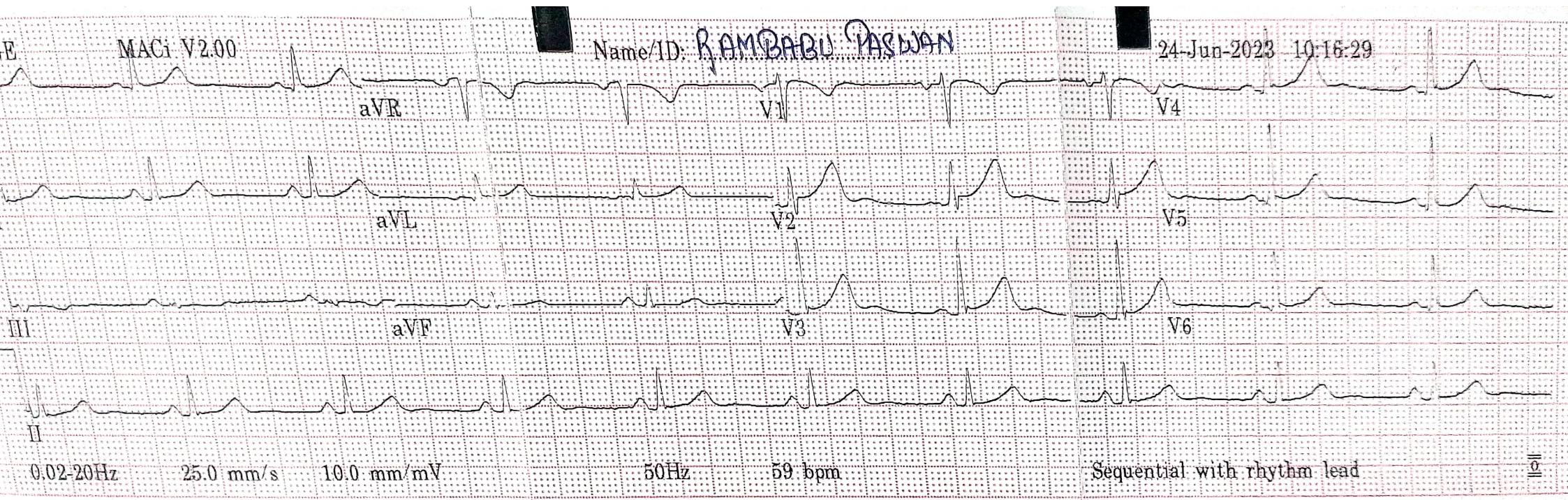


06-2023



SC: 58 %

24-06-2023 RAM BABU PASWAN. 52 YRS M  
24.JUN.2023  
ANAMIKA ORTHOPAEDIC CENTRE, JAUHARI BAZAR, HAJIPUR-844101



Name/ID: RAM BABU PASWAN  
Age: 52 years / Male

Sinus bradycardia  
Otherwise normal ECG

Vent. rate	59 bpm
QRS duration	80 ms
QT/QTc	426/421 ms
PR interval	148 ms
P duration	108 ms
RR interval	1016 ms
P-R-T axes	66 33 32

*Nishu*  
Dr. Nishu Kumari  
M.B.B.S., Reg. No. 48891

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