



ID : 050698-0809
 Name :
 Age : 54 yr
 Sex : Male
 Hgt : cm
 Weight : kg
 HR : 68 bpm
 P Dur : 97 ms
 PR Int : 144 ms
 QRS Dur : 82 ms
 QT/QTc Int : 343/365 ms
 QT/QTc axis : 419/116 °
 RV6/SV1 amp : 1.193/0.954 mV
 RV6/SV1 amp : 2.147 mV
 RV6/SV2 amp : 1.128/1.270 mV

Minnesota Code:
 8-9-1
Amadeo
BBB

Diagnosis Information:
 821: Sinus Arrhythmia
 Normal ECG

Report Confirmed by:

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

DATE :- 04/12/2023
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- **Liver is enlarged in size [15.16 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 . {9.38cm}
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 :-Hepatomegaly with fatty liver.Grade-I


(sonologist)



URMILA HEART & MULTI SPECIALITY HOSPITAL

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9471013402

ECHOCARDIOGRAPHY REPORT

Name	: Mr. Anurudh Kumar	Age/Sex	: 34/M
Date	: 05/12/2023	ECHO No.	:
IPID No.	:	UHID No.	:
Ref. By	: BOB	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
	EDG _____ mmHg	MDG mmHg
	Mitral Regurgitation	Absent/Trivial/Mild/Moderate/Severe.
		RRInterval _____ msec
		MVAcm2

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

Doppler	Normal/Abnormal	
	Tricuspid stenosis	Present/Absent
	EDG _____ mmHg	MDG _____ mmHg
	Tricuspid regurgitation:	Absent/Trivial/Mild/Moderate/Severe
	Velocity _____ msec.	Fragmented signals
		Pređ. RVSP=RAP+ mmHg
		RR interval _____ msec.

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 2.7	(2.0 – 3.7cm)	LAcS 3.7	(1.9 – 4.0cm)
LV es 2.9	(2.2 – 4.0cm)	LV ed 4.3	(3.7 – 5.6cm)
IVS ed 0.4	(0.6 – 1.1cm)	PW (LV) 1.0	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (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
gd I LV Diastolic Dysfunction
Normal LV Systolic Function
No RWMA/LVEF=60%
No MR/AR/PR/TR
Normal Pericardium**

Dr. Anil Kr. Singh
Dr. Anil Kr. Singh
Cardiologist

R



Male

64.8 %

PM

600

TOLA MUZAFFARPUR



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PATHOLOGY REPORT

Name:- Mr. Anurodh Kumar	Age :34Y/M	Date :-04/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 170016)	Serial Number :- 042

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	14.0	gm/dl	12 - 17
Total Leukocyte Count	7,200	/Cumm.	4000 - 11000
RBC Count	4.67	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	41.4	%	30 - 50
Platelet Count	1.97	Lakhs/c.mm	1.5 - 4.5
MCV	88.7	fl	80 - 100
MCH	28.9	pg	26 - 34
MCHC	32.7	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	65	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	03	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	14	mm/1 st hr.	00 - 20

end of report

Signature



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PATHOLOGY REPORT

Name:- Mr.Anurodh Kumar	Age :34Y/M	Date :-04/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 170016)	Serial Number :- 042

KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	26.0	mg/dl	13 - 45
S. Creatinine	0.96	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	140.3	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.19	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	103.8	mmol/ltr	94 - 110
S. Calcium	9.35	mg/dl	8.7 - 11.0
S. Uric Acid	4.98	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

end of report

Signature



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PATHOLOGY REPORT

Name:- Mr.Anurodh Kumar	Age :34Y/M	Date :-04/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 170016)	Serial Number :- 042

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	130.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	26.0	mg/dl	10 - 40
S. HDL-Cholesterol	42.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	88.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.71		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.09		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)	128.0	mg/dl	80 - 160

end of report

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PATHOLOGY REPORT

Name:- Mr.Anurodh Kumar	Age :34Y/M	Date :-04/12/2023
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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	0.96	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	65.0	U/L	05 - 40
S. SGOT (AST)	58.0	U/L	05 - 40
S.GGT	47.0	U/L	05 - 45
S. Alkaline Phosphatase	108.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.19	g/dl	6.0 - 8.3
S. Albumin	3.95	g/dl	3.2 - 5.0
S. Globulin	3.24	g/dl	2.8 - 4.5
S. A/G Ratio	1.21		

end of report

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Name:- Mr. Anurodh Kumar	Age :34Y/M	Date :-04/12/2023
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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.50	%

Mean Blood Glucose level (MBG) – 90.3 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.

end of report

Signature



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Name:- Mr.Anurodh Kumar	Age :34Y/M	Date :-04/12/2023
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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	103.4	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.11	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.95	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 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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Age :34Y/M

Date :-04/12/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No 170016)

Serial Number:- 042

Urine Routine And Microscopy

TEST

Physical Examination

Volume

20 ml

Colour

Straw

Specific Gravity

1.015

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

