



URMILA HEART & MULTI SPECIALITY HOSPITAL

PATHOLOGY REPORT

Address

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

Name:- Mr. Bharti Baidyanath	Age41:Y/M	Date :-24/08/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No172591)	Serial Number :- 0241

CBC (Complete Blood Count)

TEST	RESULT	UNIT	Reference Values
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	6,500	/Cumm.	4000 - 11000
RBC Count	4.85	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.0	%	30 - 50
Platelet Count	1.25	Lakhs/c.mm	1.5 - 4.5
MCV	87.0	fl	80 - 100
MCH	27.0	pg	26 - 34
MCHC	31.5	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	50	%	40 - 70
Lymphocyte	40	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	16	mm/1 st hr.	00 - 20

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BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Creatinine	1.08	mg/dl	Male 0.7 - 1.4	Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0	- 21
S. Uric Acid	8.20	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	0.65	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	68.0	U/L	05 - 40
S. SGOT (AST)	56.0	U/L	05 - 40
S. Alkaline Phosphatase	131.8	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.10	g/dl	6.0 - 8.3
S. Albumin	4.80	g/dl	3.2 - 5.0
S. Globulin	2.30	g/dl	2.8 - 4.5
S. A/G Ratio	2.08		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	230.0	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	58.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	150.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.96		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.58		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)	120.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.10	%

Mean Blood Glucose level (MBG) – 98.04 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	138.5	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.29	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	1.020
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
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ECHOCARDIOGRAPHY REPORT

Name : Mr. Baidyanath Bharti
 Date : 24/08/2024
 IPID No. :
 Ref. By : BOB

Age/Sex : 41/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

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 2.8	(2.0 – 3.7cm)	LAes 3.3	(1.9 – 4.0cm)
LV es 2.8	(2.2 – 4.0cm)	LV ed 4.4	(3.7 – 5.6cm)
IVS ed 1.0	(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)		LVVs (ml)	Normal/Flat/Paradoxical
EF 60%	(54%-76%)	IVS motion	

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**

Normal/Thickening/Calcification/Effusion

PERICARDIUM

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
Cardiologist



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Name :- Vaidyanath Bharti.
Refd.By:- Dr.Self.

Date :- 24/08/2024
Sex:- M

Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is enlarged in size [155.6 mm] & shows fatty infiltration.
No focal lesion seen or Intrahepatic ducts dilation seen.
Movment of both domes of diaphragm appears normal.
- GB:-** Normal distention. Walls are not thickened. No evidence of calculus,sludge,or mass lesion seen.
- C.B.D:-** C.B.D. is normal in calibre.
- Pancreas:-** Pancreas normal in size shape and echotexture.
- Spleen:-** Normal in shape,size & contour . (bipolar length is 104.3 mm)
- Kidneys:-** 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:-** Urinary bladder is smoothly outlined. There is no calculus within.
- Prostate :-** The prostate is normal in shape and size .
- Free fluid:-** No free fluid is noted in the peritoneal cavity.

Impression :- Hepatomegaly with fatty liver. Grade. I.

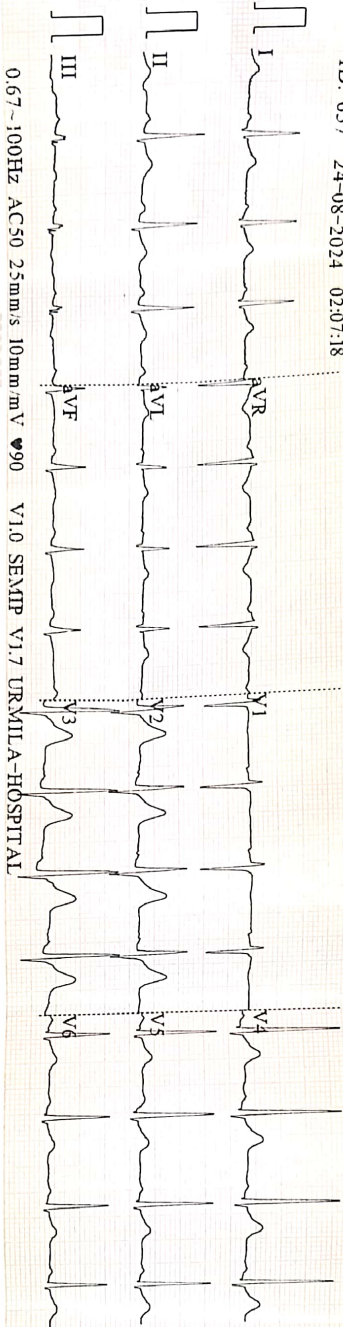


BAIDYANATH BHARTI
Chest PA
URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR

41 Male
24-08-24 3:06:44 PM

64.2 %
DR. A. K. SINGH

ID: 657 24-08-2024 02:07:18



0.67~100Hz AC50 25mm/s 10mm mV ●90 V1.0 SEMIP V1.7 URMILA-HOSPITAL

ID: 657

Male

41Years

cm

kg

mmHg

Diagnosis Information:

Sinus Rhythm

Normal ECG

H. Jeyaraj
Resident

HR	: 92	bpm
P	: 90	ms
PR	: 134	ms
QRS	: 83	ms
QTc	: 329	ms
P/QRST	: 64/38/25	ms
RV5SV1	: 1.490/0.944	mV

Report Confirmed by:

