



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mr. Dhiraj Kumar	Age :45Y/M	Date :-17/04/2024
Ref.By :- Dr. Bank Of Baroda(E.C.No60765)		Serial Number :- 0171

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.4	gm/dl	12 - 17
Total Leukocyte Count	4,300	/Cumm.	4000 - 11000
RBC Count	4.25	Million/Cumm.	3.8 -5.8
PCV / Haematocrit	39.3	%	30 - 50
Platelet Count	1.68	Lakhs/c.mm	1.5 - 4.5
MCV	92.5	fl	80 - 100
MCH	28.5	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 -06
Basophil	00	%	<1 - 2 %
ESR	18	mm/1 st hr.	00 - 20

end of report

Signature



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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	0.99	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	146.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.22	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	100.5	mmol/ltr	94 - 110
S. Calcium	9.08	mg/dl	8.7 - 11.0
S. Uric Acid	5.38	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	0.81	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	42.0	U/L	05 - 40
S. SGOT (AST)	38.0	U/L	05 - 40
S.GGT	45.0	U/L	05 - 45
S. Alkaline Phosphatase	98.3	U/L	Adult – 25 - 140 Children (1 – 12 yrs.) – 104 - 390
S. Total Protein	7.11	g/dl	6.0 - 8.3
S. Albumin	4.05	g/dl	3.2 - 5.0
S. Globulin	3.06	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	180.0	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	46.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	112.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.91		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.43		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	85.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	110.0	mg/dl	80 - 160

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Name:- Mr. Dhraj Kumar	Age :45Y/M	Date :-17/04/2024
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GLYCOSYLATED HEMOGLOBIN

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

Mean Blood Glucose level (MBG) – 95.03 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	121.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.05	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.59	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:

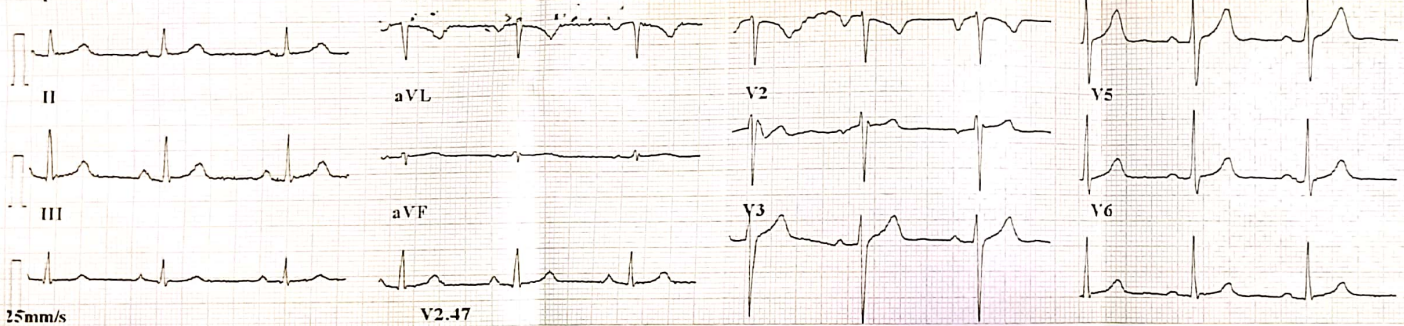
THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism.The expected increase in TSH demonstrate the classical feedback mechanism between pituitary 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
end of report


Signature



10mm/mV 0.5-75Hz ACS0

08-06-2005 08:47:55



25mm/s

V2-47

BPL

ID : 050608-0848
 Name : *Shiragke*
 Age : 45 yr
 Sex : Male
 BP : mmHg
 Height : cm
 Weight : kg

Minnesota Code:

HR : 66 bpm
 P Dur : 97 ms
 PR int : 173 ms
 QRS Dur : 83 ms
 QT/QTc int : 376/396 ms
 QRS/T axis : 58/51/44 °
 RV5/SV1 amp : 1.315/0.891 mV
 RV5+SV1 amp : 2.206 mV
 RV6/SV2 amp : 1.116/1.126 mV

Diagnosis Information:
 800: Sinus Rhythm
 316: Excessive Overload of Left Atrium

Report Confirmed by:



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Name :- Dhiraj Kumar.
Refd.By:- Dr./Self.

Date :- 17/04/2024
Sex:- M

Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is normal shape in size [139.9mm] with homogenous coarse echotexture. No focal lesion seen or Intrahepatic ducts dilation seen. Movement 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 88.7 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 :- Normal Study.



DHIRAJ KUMAR
Chest PA

45 Male
17-04-24 1:54:02 PM

64.2 %
DR. A. K. SINGH

URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR



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