



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mr. Anil Kumar

Age :40Y/M

Date :-22/04/2023

Serial Number :- 0221

Ref. By :- Dr. Bank Of Barauda

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	10,300	/Cumm.	4000 - 11000
RBC Count	5.38	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.7	%	30 - 50
Platelet Count	1.40	Lakhs/c.mm	1.5 - 4.5
MCV	80.0	fl	80 - 100
MCH	26.2	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	70	%	40 - 70
Lymphocyte	25	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	03	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	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	31.0	mg/dl	13 - 45
S. Creatinine	1.20	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	14.47	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	139.9	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.50	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	95.8	mmol/ltr	94 - 110
S. Calcium	9.19	mg/dl	8.7 - 11.0
S. Uric Acid	3.57	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"A" 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	0.83	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	49.0	U/L	05 - 40
S. SGOT (AST)	44.0	U/L	05 - 40
S.GGT	41.0	U/L	05 - 45
S. Alkaline Phosphatase	118.0	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.05	g/dl	6.0 - 8.3
S. Albumin	3.98	g/dl	3.2 - 5.0
S. Globulin	3.07	g/dl	2.8 - 4.5
S. A/G Ratio	1.27		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	190.0	mg/dl	130 - 200
S. Triglycerides	175.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	35.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	107.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.95		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.22		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	205.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	316.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	11.2	%

Mean Blood Glucose level (MBG) – 221.8 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	125.8	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	4.83	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	Yellow
Specific Gravity	1.020
Appearance	Clear
pH	6.0
(Acidic)	
Chemical Examination	
Protein	Trace
Sugar	Present (+++)
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	

Signature



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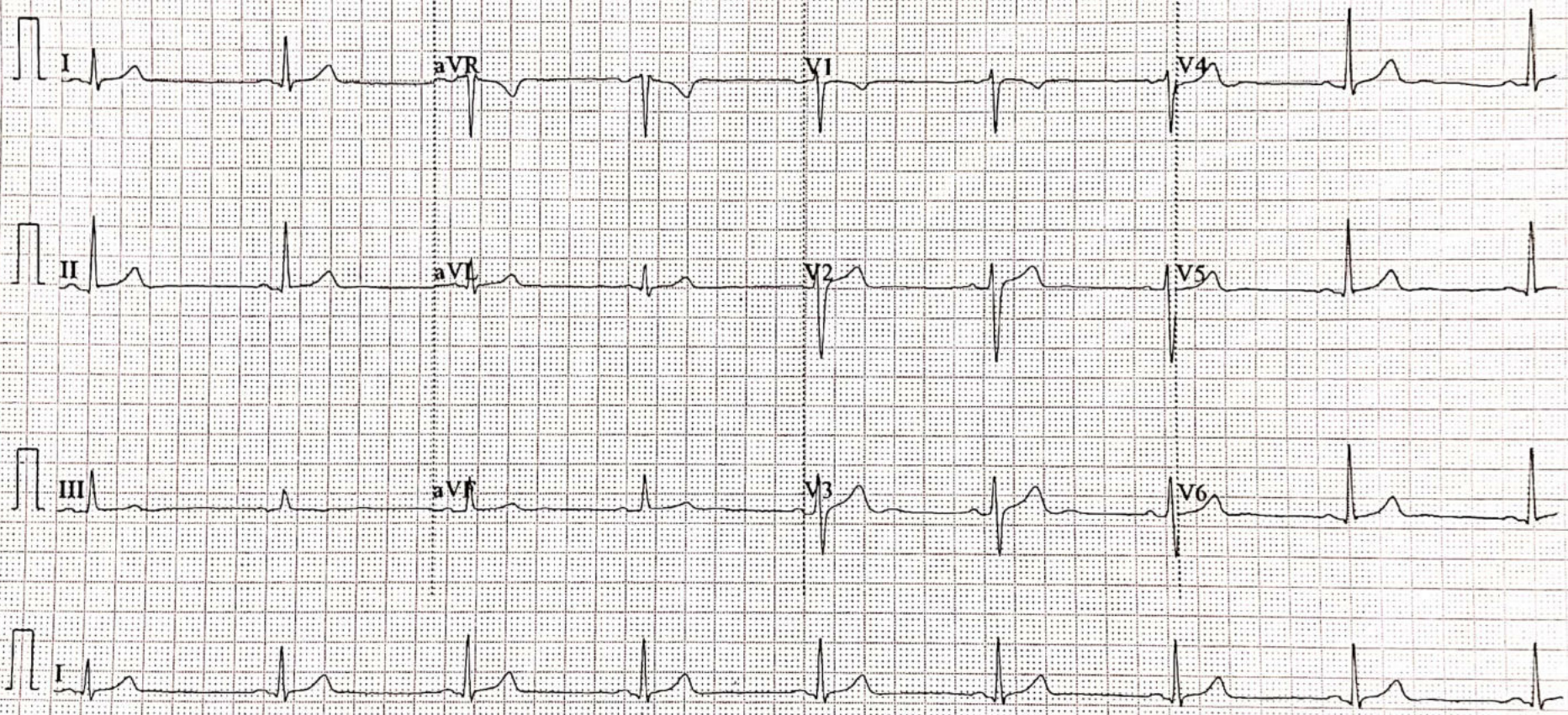
BPL-12

ID: 9
Anil Kumar
Male 40Years

HR : 49 bpm
P : 102 ms
PR : 141 ms
QRS : 86 ms
QT/QTc : 417/380 ms
P/QRS/T : 28/48/26 °
RV5/SV1 : 1.191/0.886 mV

Diagnosis Information:
Sinus Bradycardia

Report Confirmed by: Dr. A.K Singh



0.67~25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♡49 V2.02 SEMIP V1.7 URMILA HEART HOSPITAL, Naya Tola, MZP



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NAME :- ANIL KUMAR.

REFD.BY:- DR. ~~Bank of Baroda~~

DATE :- 22/04/2023 -

SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in size [17.45 cm] and shows fatty infiltration.
No focal lesion is seen. I.H.B.R. are not dilated.

GB:- Gall bladder not seen. H/O cholecystectomy.

C.B.D:- C.B.D. is normal in caliber.

Pancreas:- Pancreas normal in size shape and echo texture.

Spleen:- enlarged in shape, size & contour. (bipolar length is 12.99 cm).

Kidneys:- Rt. Kidney :- 11.3 x 4.12 cm Lt. Kidney :- 10.14 x 3.23 cm
Both kidneys are normal in shape, size, contour, cortical
echo texture, and sinus echoes. A tiny echogenic bright echoge with
casting acoustic posterior shadow measuring about 3.2mm seen in
Rt. Kidney.

UB:- Urinary bladder is smoothly outlined. There is no calculus within.

Prostate:- Normal shape in size. With normal echotexture.

Free fluid:- No free fluid is noted in the peritoneal cavity.

Other :- Few fecal gas seen in abdominal cavity.

Impression :- Hepatomegaly with fatty liver. G. II.
Splenomegaly.
Rt. renal tiny calculus.

(sonologist)