



URMILA HEART & MULTI SPECIALITY HOSPITAL

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

PATHOLOGY REPORT

Name:- Mr.Satrughan Kr Sah	Age :34Y/M	Date :-18/10/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No170434)	Serial Number :- 0181

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	13.3	gm/dl	12 - 17
Total Leukocyte Count	5,500	/Cumm.	4000 - 11000
RBC Count	4.74	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.9	%	30 - 50
Platelet Count	1.55	Lakhs/c.mm	1.5 - 4.5
MCV	90.5	fl	80 - 100
MCH	28.1	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	16	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	28.0	mg/dl	13 - 45
S. Creatinine	1.10	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	140.3	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.98	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	103.3	mmol/ltr	94 - 110
S. Calcium	9.03	mg/dl	8.7 - 11.0
S. Uric Acid	6.41	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO) : "O" 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	0.77	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	33.0	U/L	05 - 40
S. SGOT (AST)	38.0	U/L	05 - 40
S.GGT	32.0	U/L	05 - 45
S. Alkaline Phosphatase	95.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.05	g/dl	6.0 - 8.3
S. Albumin	4.01	g/dl	3.2 - 5.0
S. Globulin	3.04	g/dl	2.8 - 4.5
S. A/G Ratio	1.31		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	185.0	mg/dl	130 - 200
S. Triglycerides	120.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	24.0	mg/dl	10 - 40
S. HDL-Cholesterol	46.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	115.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.02		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.50		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	89.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	105.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.03	%

Mean Blood Glucose level (MBG) – 95.9 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***

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PATHOLOGY REPORT

Name: - Mrs.Satruughan K.Sah

Age :34Y/M

Date :-18/10/2024

Ref. By :- Dr. Bank Of Baroda

(E.C.No170434)

Serial Number :- 0181

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	CLIA	132.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	CLIA	9.12	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	CLIA	2.18	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****

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Date :-18/10/2024

Ref. By :- Dr. Bank Of Baroda

(E.C.No170434)

Serial Number :- 0181

Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	6.5
(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





64.2
DR. A. K. SINGH
TOLA MUZAFFARPUR



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Name :- Shatrughan kumar shah
Refd.By:- Dr./Self.

Date :- 19/10/2024
Sex:- M

Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is enlarged shape in size [150.9mm] 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 94.0 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.



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ECHOCARDIOGRAPHY REPORT

Name : Mr. Satrughan Sah
Date : 18/10/2024
IPID No. :
Ref. By : Self

Age/Sex : 34/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
Mitral Stenosis
EDG _____ mmHg
Mitral Regurgitation

E>A
Present/Absent
MDG mmHg
Absent/Trivial/Mild/Moderate/Severe.

RRInterval _____ msec
MVAcM2

TRICUSPID VALVE

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

Doppler Normal/Abnormal
Tricuspid stenosis
EDG _____ mmHg
Tricuspid regurgitation:
Velocity _____ msec.

Present/Absent
MDG _____ mmHg
Absent/Trivial/Mild/Moderate/Severe
Fragmented signals
Pred. RVSP=RAP+ mmHg

RR interval _____ msec.

PULMONARY VALVE

Morphology Normal/Atrisia/Thickening/Doming/Vegetation.

Doppler Normal/Abnormal.
Pulmonary stenosis
Pulmonary regurgitation
Early diastolic gradient

Present/Absent
PSG_ mmHg
Present/Absent
Level
Pulmonary annulus _____ mm
End diastolic gradient_ mmHg

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation
of cusps 1/2/3/4

Doppler Normal/Abnormal
Aortic Stenosis
Aortic regurgitation

Present/Absent
Level
PSG mmHg Aortic annulus _____ mm
Absent/Trivial/Mild/Moderate/Severe.

