

Naya Tola, Opp. Polytechnic Muzaffarpur

> Ph.: 0621-2222211 0621-2268042 Mob.: 9661179794 9471013402

PATHOLOGY REPORT

Age :39Y/M

Date :-27/10/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No159663)

Serial Number :- 0271

	Complete Blood Count) RESULT UNIT	Reference Values
TEST Hb (Haemoglobin)	13.0 gm/dl	12 - 17
Total Leukocyte Count	10,300 /Cumm.	4000 - 11000
RBC Count	4.69 Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.0 %	30 - 50
Platelet Count	2.56 Lakhs/c.mm	1.5 - 4.5
	89.6 fl	80 - 100
MCV MCH	26.7 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	18 mm/1 st hr.	00 - 20
end of report		
		0



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PATHOLOGY REPORT

Name: Mr. Chandra Kishor Kant

Age :39Y/M

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(E.C.No159663)

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KFT (KIDNEY Function Test) - serum

TEST	RESULT	UNIT		Refe	rence Va	lues
S. Urea	23.0	mg/dl		13		45
S. Creatinine	1.05	mg/dl	Male Female	0.7		1.4
S. BUN	10.74	mg/dl		6.0		21
S. Sodium (Na ⁺)	139.1	mmol/ltr		135		150
S. Potassium(K ⁺)	4.11	mmol/ltr		3.5	-	5.5
S. Chloride(Cl [*])	103.8	mmol/ltr		94		110
S. Calcium	9.10	mg/dl		8.7		11.0
S. Uric Acid	6.07	mg/dl	Male Female	3.5 2.5	-	7.2 6.2

BLOOD GROUPING

"O" Group Grouping (ABO)

Positive. Rh Typing

end of report





Naya Tola, Opp. Polytachnic Muzaffarpur Ph.: 0621-2222211 0621-2268942 Mob.: 9561179794

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Ref. By :- Dr. Bank Of Barauda

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LFT (Liver Function Test) - serum

TEST	RESULT	UNIT		Refer	ence Va	lues
S. Total Bilirubin	0.77	mg/dl	Adults: 0 Infants: 1		•	1.2
S. SGPT (ALT)	36.0	U/L	0)5		40
S. SGOT (AST)	31.0	U/L	0	15		40
S.GGT	32.0	U/L	0)5		45
S. Alkaline Phosphatase	99.5	U/L	Adult 2 Children (1 – 12 yrs.)		-	140 390
S. Total Protein	7.08	g/dl	6	0.6		8.3
S. Albumin	3.95	g/dl	3	.2		5.0
S. Globulin	3.13	g/dl	2	88		4.5
S. A/G Ratio	1.26					

end of report



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(after 1.30hrs meal)

end of report

(E.C.No159663)

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Lipid Profile - serum

TEST	RESULT UNIT	Reference Values				
S. Cholesterol	180.0 mg/dl	130 - 200				
S. Triglycerides	150.0 mg/dl	Fasting: 25 - 160				
S. VLDL-Cholesterol	30.0 mg/dl	10 - 40				
S. HDL-Cholesterol	46.0 mg/dl	Male: 30 - 65 Female: 35 - 80				
S. LDL-Cholesterol	104.0 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	2.26	1.5 - 3.5				
<u>BIOCHEMISTRY</u>						
TEST	RESULT UNIT	Reference Values				
P. Glucose Fasting	90.0 mg/dl	70 - 110				
P. Glucose-Post Prandial	114.0 mg/dl	80 - 160				



Naya Tola, Oc

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PATHOLOGY REPORT

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(E.C.No159663)

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GLYCOSYLATED HEMOGLOBIN

RESULT UNIT TEST

4.09 HbA1c

Mean Blood Glucose level (MBG) - 99.5 mg/dl

Normal Reference Values

< 8.0% Normal

8.0 - 9.0% Good Control

9.0 - 10.0 % Fair Control

> 10.0 % Poor Control

Summary:- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over th e 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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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	145.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.21	μg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.60	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 expeted increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland. Additionally TSH measurement is equally important in differentiating secondary and testing the process in the LTP of the LTP of the process in the LTP of th and tertiary(hypothalmic) 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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Urine Routine And Microscopy

TEST -	RESUL	<u>.TS</u>
Physical Examination		
Volume	20	ml
Colour	Yellow	1
Specific Gravity	1.020	
Appearance pH (Acidic)	6.0	,3A
Chemical Examination		
Protein	Prese	nt (+)
Sugar Bile Salts	Nil N/D	
Bile Pigments Microscopic Examination	N/D	
Pus Cells	5-8	/hpf
Red Blood Cells	Nil	/hpf
Epithelial Cells Crystal/Cast	Pres	ent(+)
Other ***end of report***	Nil	



Address
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Muzaffarpur
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0621-2268042
Mob.: 9661179794

NAME :- CHNADRAKISHOR KANT. REFD.BY:- DR./SELF.

DATE: 27/10/2023

SEX:-

Thanks for the kind referral.

USG of Whole Abdomen

Liver:-No focal lesion is seen. I.H.B.R. are not dilated. Liver is enlarged in size [15.97 cm] and shows fatty infiltration.

Normal distention. Walls are not thickened (3.0 mm). No evidence

of calculus ,sludge ,or mass lesion seen.

GB:

C.B.D. is normal in caliber.

C.B.D:-

Kidneys:

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

Spleen: Normal in shape, size & contour. (bipolar length is 10.06 cm).

Rt. Kidney:-7.37 × 3.69 cm Both kidneys are normal in shape, size, contour, cortical Lt. Kidney :- 8.16 x 4.34 cm

echo texture, and sinus echoes. No evidence of calculus,

Urinary bladder is smoothly outlined. There is no calculus within. calcification, hydronephrotic changes or mass lesion seen.

The prostate is normal in shape and size.

UB:-

Prostate :-Free fluid:-

Other:-

No free fluid is noted in the peritoneal cavity.

Few fecal gas seen.

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

(sonologist)



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ECHOCARDIOGRAPHY REPORT

: Mr. Chnadra Kishore Kant

Date

: 27/10/2023

IPID No. Ref. By

: Self

Age/Sex

ECHO No.

UHID No.

Done By : Dr. Anil Kr. Singh

A>E

msec

MITRAL VALVE

Morphology AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming

PML-Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.

Subvalvular deformity Present/Absent.

Doppler

Normal/Abnormal

E>A

RRInterval

Mitral Stenosis EDG mmHg

Present/Absent MDG mmHg

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

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

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

PSG mmHg Aortic annulus

Aortic regurgitation

Absent/Trivial/Mild/Moderate/Severe.

Measurements Aorta 2.8 LV es 2.9 IVS ed 1.0 RVed	Normal Values (2.0 - 3.7cm) (2.2 - 4.0cm) (0.6 - 1.1cm) (0.7 - 2.6cm)	Measurements LAes 3.7 LV ed 3.7 PW (LV) 1.2 RV Anterior wall	Normal values (1.9 - 4.0cm) (3.7 - 5.6cm) (0.6 - 1.1cm) (upto 5 mm)
LVVd (ml) EF 60%	(54%-76%)	LVVs (ml) IVS motion	Normal/Flat/Paradoxical

CHAMBERS:

Regional wall motion abnormality

LA

RA

RV

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

Normal/Enlarged/Clear/Thrombus/Hypertrophy Contraction Normal/Reduced

Absent/Present

Normal/Enlarged/Clear/Thrombus

Normal/Enlarged/Clear/Thrombus

Normal/Enlarged/Clear/Thrombus

Normal/Thickening/Calcification/Effusion

Dr. Anil Kr. Singh Cardiologist





Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:				Date	minn
Pat	tient's N	ame :	***************************************		
Pai	rt X-Ray	ed	***************************************	***************************************	
Rei	ferred b	y Dr	************		
	NAME	CHANDRA KISHOR KANT	AGE/SEX	38YEARS/ MALE	7
	REF BY.	DR.A.K.SINGH.MD	DATE	27.10.2023	

X-RAY REPORT

PA VIEWS OF CHEST

Observation :-

- Infective change seen at bilateral mid & right lower lung fields
- Trachea Is Central, Tracheo-Bronchial Tree Is Normal,
- Cardiac Silhouette Is Normal
- Bilateral CP Angles Are Clear.
- Both Domes of Diaphragm Are Normally Placed.
- Bony Thoracic Cage Is Normal.
- No Soft Tissue Abnormality Seen.

IMPRESSION: - Infective change seen at bilateral mid & right lower lung fields. Suggest clinical correlation and follow up.

Dr.ANKITCHOTALIYA.MD.DMRD. ConsultantRadiologist RegNo:MMC-2013/05/1492

Disclaimer:

It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their ownlimitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so innow a year this report be utilized for any medicolegal purpose.Anyerrorintypingshouldbecorrectedimmediately.

(NOT VALID FOR MEDICO LEGAL PURPOSE) Facilities Available: 300 MA X-Ray Machine (Digital CR) # Computerised ECG



