

PATHOLOGY REPORT

Name:- Mr. Nanhe Kumar Singh	Age :47Y/M	Date :-13/01/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No120322)	Serial Number :- 0131

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	11.8	gm/dl	12 - 17
Total Leukocyte Count	8,400	/Cumm.	4000 - 11000
RBC Count	4.98	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	37.8	%	30 - 50
Platelet Count	1.84	Lakhs/c.mm	1.5 - 4.5
MCV	80.9	fl	80 - 100
MCH	26.7	pg	26 - 34
MCHC	31.6	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	74	%	40 - 70
Lymphocyte	18	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	06	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	24	mm/1 st hr.	00 - 20

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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	0.96	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na')	144.2	mmol/ltr	135 - 150
S. Potassium(K')	5.20	mmol/ltr	3.5 - 5.5
S. Chloride(Cl')	100.7	mmol/ltr	94 - 110
S. Calcium	9.15	mg/dl	8.7 - 11.0
S. Uric Acid	4.42	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	0.77	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	44.0	U/L	05 - 40
S. SGOT (AST)	38.0	U/L	05 - 40
S.GGT	34.0	U/L	05 - 45
S. Alkaline Phosphatase	101.3	U/L	Adult -- 25 - 140 Children (1 - 12 yrs.) -- 104 - 390
S. Total Protein	6.98	g/dl	6.0 - 8.3
S. Albumin	3.90	g/dl	3.2 - 5.0
S. Globulin	3.08	g/dl	2.8 - 4.5
S. A/G Ratio	1.26		

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Lipid Profile – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	195.0	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	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	115.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.90		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.3		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	123.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	170.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	6.8 %

Mean Blood Glucose level (MBG) – 130.8 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	124.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	0.05	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.13	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	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	

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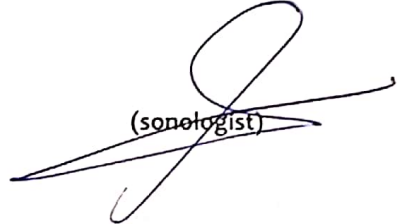
NAME :- NANHE KUMAR SINGH.
REFD.BY:- DR. /SELF.

DATE :- 13/01/2024
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in size [17.92 cm] and shows fatty infiltration.
GB:- Contracted. No evidence of calculus ,sludge ,or mass lesion seen.
C.B.D:- C.B.D. is normal in caliber.
Pancreas:- Pancreas normal in size shape and echo texture.
Spleen:- Normal in shape, size & contour . {10.68cm}.
Kidneys:- Rt. Kidney :- 10.76 x 3.69 cm Lt. Kidney :- 10.54 x 4.34 cm
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 size .Weight:- 20.9grms.
Free fluid:- No free fluid is noted in the peritoneal cavity.
Other :- Few fecal gas seen in abdominal cavity .

IMPRESSION :- Hepatomegaly with fatty liver. Grade-III.
Contracted G.B.


(sonologist)

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.9	(2.0 – 3.7cm)	LAs 3.4	(1.9 – 4.0cm)
LV es 3.4	(2.2 – 4.0cm)	LV ed 5.0	(3.7 – 5.6cm)
IVS ed 1.0	(0.6 – 1.1cm)	PW (LV) 1.2	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVd (ml)	
EF 60%	(54%-76%)	IVS motion	Normal/Flat/Paradoxical

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

PERICARDIUM Normal/Thickening/Calcification/Effusion

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

