



URMILA HEART & MULTI SPECIALITY HOSPITAL

PATHOLOGY REPORT

Address

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

Name:- Mr. Samir Kumar	Age :48Y/F	Date :-14/09/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No158373)	Serial Number :- 0144

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	13.4	gm/dl	12 - 17
Total Leukocyte Count	5,400	/Cumm.	4000 - 11000
RBC Count	4.94	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	41.0	%	30 - 50
Platelet Count	0.60	Lakhs/c.mm	1.5 - 4.5
MCV	84.8	fl	80 - 100
MCH	26.9	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	65	%	40 - 70
Lymphocyte	25	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	22	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	28.0	mg/dl	13	-	45
S. Creatinine	0.94	mg/dl	Male 0.7	-	1.4
			Female 0.6	-	1.2
S. BUN	13.07	mg/dl	6.0	-	21
S. Sodium (Na ⁺)	142.0	mmol/ltr	135	-	150
S. Potassium(K ⁺)	3.98	mmol/ltr	3.5	-	5.5
S. Chloride(Cl ⁻)	102.0	mmol/ltr	94	-	110
S. Calcium	9.20	mg/dl	8.7	-	11.0
S. Uric Acid	3.66	mg/dl	Male 3.5	-	7.2
			Female 2.5	-	6.2

BLOOD GROUPING

Grouping (ABO)	:	"O" Group
Rh Typing	:	Positive.

end of report

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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	0.61	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	27.0	U/L	05	-	40
S. SGOT (AST)	36.0	U/L	05	-	40
S. GGT	30.0	U/L	05	-	45
S. Alkaline Phosphatase	108.3	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	7.11	g/dl	6.0	-	8.3
S. Albumin	4.03	g/dl	3.2	-	5.0
S. Globulin	3.08	g/dl	2.8	-	4.5
S. A/G Ratio	1.30				

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	199.0	mg/dl	130 - 200
S. Triglycerides	155.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	31.0	mg/dl	10 - 40
S. HDL-Cholesterol	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	118.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.98		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.36		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	95.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	126.0	mg/dl	80 - 160

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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	5.0
(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	


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ARMILA HEART & MULTI SPECIALITY HOSPITAL

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ARMILA

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Muzaffarpur
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9471013402

Name: Mr. Samir Kumar	Age : 48Y/F	Date : 14/09/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No158373)	Serial Number :- 0144

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	G.LIA	156.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	G.LIA	7.80	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	G.LIA	3.40	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 demonstrates 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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GLYCOSYLATED HEMOGLOBIN

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

Mean Blood Glucose level (MBG) – 98.0 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

Signature





ECHOCARDIOGRAPHY REPORT

Name	: Mr. Samir Kumar	Age/Sex	: 48/M
Date	: 14/09/2024	ECHO No.	:
IPID No.	:	UHID No.	:
Ref. By	: Self	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	E>A A>E
	Mitral Stenosis	Present/Absent
	EDG _____ mmHg	MDG mmHg
	Mitral Regurgitation	Absent/Trivial/Mild/Moderate/Severe.
		RRInterval _____ msec
		MVAcm2

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

Doppler	Normal/Abnormal	
	Tricuspid stenosis	Present/Absent
	EDG _____ mmHg	MDG _____ mmHg
	Tricuspid regurgitation:	Absent/Trivial/Mild/Moderate/Severe
	Velocity _____ msec.	Pred. RVSP=RAP+ mmHg
		RR interval _____ msec.

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.

Doppler	Normal/Abnormal.	
	Pulmonary stenosis	Present/Absent
		Level
		PSG _____ mmHg
	Pulmonary regurgitation	Present/Absent
	Early diastolic gradient	_____ mmHg. End diastolic gradient _____ mmHg
		Pulmonary annulus _____ mm

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation

	No. of cusps 1/2/3/4	
Doppler	Normal/Abnormal	
	Aortic Stenosis	Present/Absent
		Level
		PSG mmHg
	Aortic regurgitation	Absent/Trivial/Mild/Moderate/Severe.
		Aortic annulus _____ mm

<u>Measurements</u>	<u>Normal Values</u>
Aorta 2.5	(2.0 – 3.7cm)
LV es 3.0	(2.2 – 4.0cm)
IVS ed 1.1	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)
LVVd (ml)	
LVEF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 2.8	(1.9 – 4.0cm)
LV ed 4.5	(3.7 – 5.6cm)
PW (LV) 1.2	(0.6 – 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVd (ml)	
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

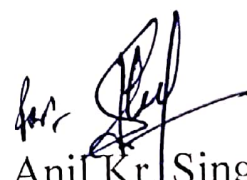
Normal/Enlarged/Clear/Thrombus

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

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

Date :- 16/09/2024
Sex:- M

Thanks for the kind referral.
USG of Whole Abdomen

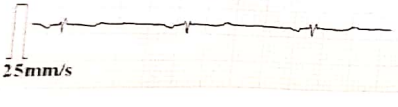
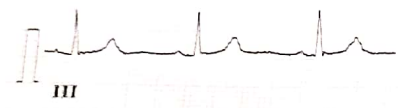
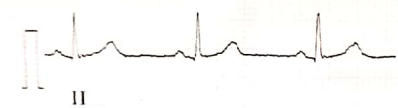
- Liver:-** Liver is normal shape in size [144.9 mm] with homogenous coarse echotexture. No focal lesion seen or Intrahepatic ducts dilation seen. Movement of both domes of diaphragm appears normal.
- GB:-** Normal distention. Walls are not thickened. No evidence of calculus, sludge, or mass lesion seen.
- 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 103.0 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 wall is thickened. There is no calculus within.
Pre Void:- 392.1ml. Post Void:- 142.2ml. {Significant}
- Prostate :-** The prostate is normal in shape and size .
- Free fluid:-** No free fluid is noted in the peritoneal cavity.

Impression :- U.B wall is thickened.
Cystitis.
Significant PVR.

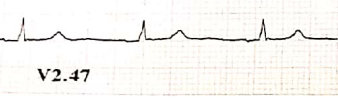
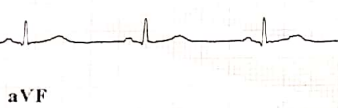
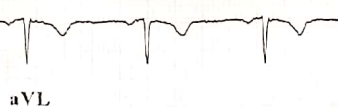


10mm/mV 0.5~75Hz AC50

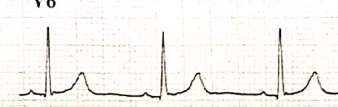
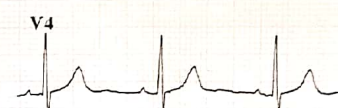
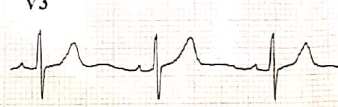
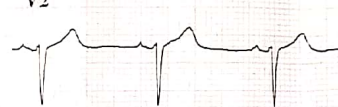
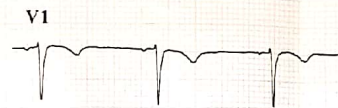
14-09-2024 10:03:32



25mm/s



V2.47



ID : 240914-1003
Name :
Age : 48 yr
Sex : Male
BP : mmHg
Height : cm
Weight : kg

HR : 69 bpm
P Dur : 79 ms
PR int : 140 ms
QRS Dur : 75 ms
QT/QTc int : 360/386 ms
P/QRS/T axis : 4/33/35 °
RV5/SV1 amp : 1.305/0.962 mV
RV5+SV1 amp : 2.267 mV
RV6/SV2 amp : 1.186/0.993 mV

Minnesota Code:
9-4-1(V3)

Jamie K...

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

Report Confirmed by:



MR. SAMIR KUMAR
Chest PA

48 Male
14-09-24 1:57:49 PM

59.5 %
DR. A.K. SINGH

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