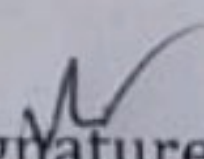


PATHOLOGY REPORT

Name:- Mr. Pankaj Kumar Mishra	Age :46Y/M	Date :-30/03/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No125572)	Serial Number :- 0303

Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	7.0
(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	


Signature

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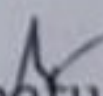
KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	30.0	mg/dl	13 - 45
S. Creatinine	1.12	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	14.01	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	138.6	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.82	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	99.6	mmol/ltr	94 - 110
S. Calcium	9.36	mg/dl	8.7 - 11.0
S. Uric Acid	8.02	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

end of report

Signature 

Name - Parkash KR.
 Age - 46/m

ck -
 → cough

BP - 130/80
 HR - 78/min
 RR - 20/min
 SpO2 - 98% (room air)


Δ - STAGE

Signs -

By

Dr. *[Signature]*

→ T. Alveit L R H } (2x)
 → T. Bronch A + H }
 → T. Unid -> 4000 X 10⁶

[Signature]
 8/13/23


28-02-2001 02:45:59 PM

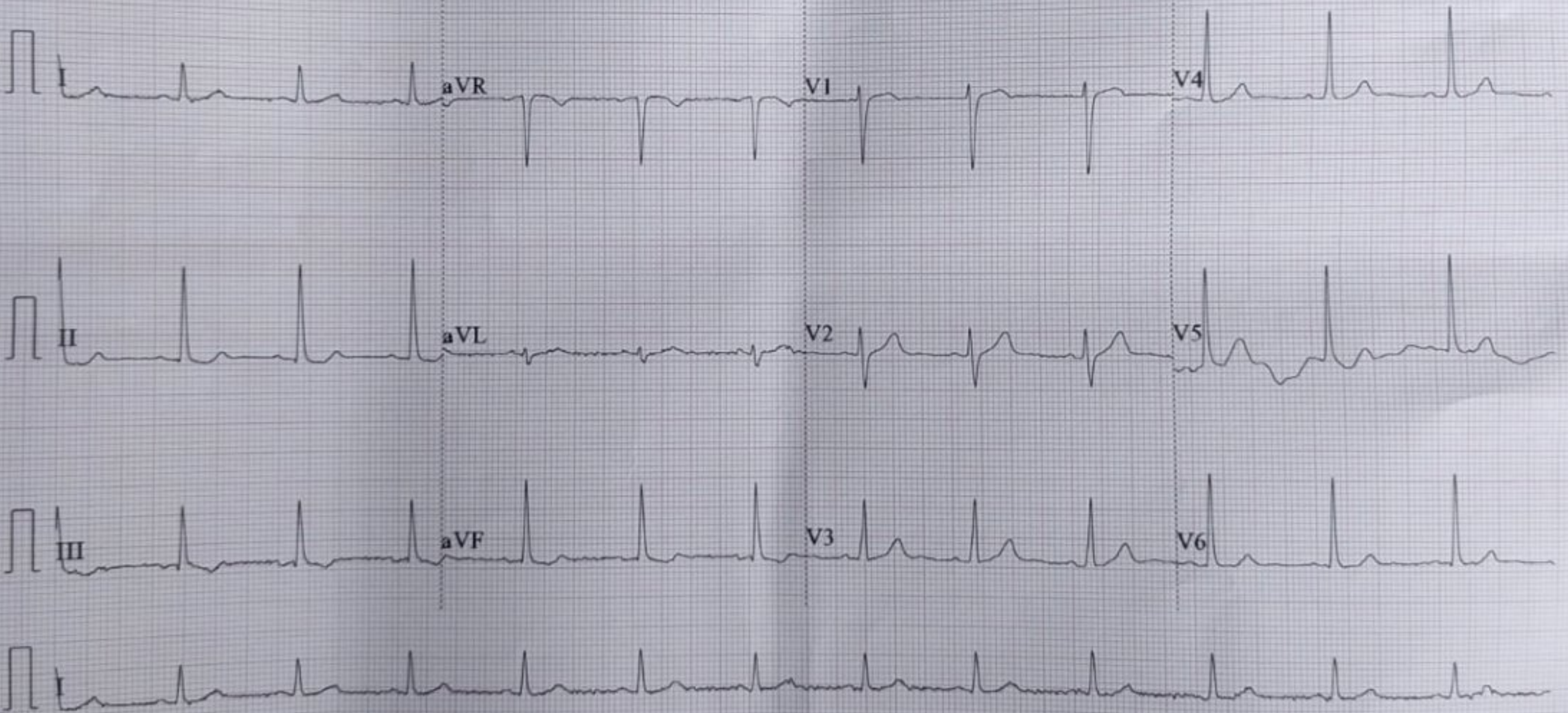
ID: 198

pankaj Kr.mishra
Male 46Years

HR : 77 bpm
P : 93 ms
PR : 131 ms
QRS : 92 ms
QT/QTc : 351/398 ms
P/QRS/T : 9/67/-5 °
RV5/SV1 : 1.278/1.198 mV

Diagnosis Information:
Sinus Rhythm
Marked ST Depression(V5)

Report Confirmed by: Dr. A.K Singh



0.67-25Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♥77

V2.02 SEMIP V1.7 URMILA HEART HOSPITAL, Naya Tola, MZP



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

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Age :46Y/M

Date :-30/03/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No125572)

Serial Number :- 0303

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	12.4	gm/dl	12 - 17
Total Leukocyte Count	5,300	/Cumm.	4000 - 11000
RBC Count	4.11	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.2	%	30 - 50
Platelet Count	1.40	Lakhs/c.mm	1.5 - 4.5
MCV	92.9	fl	80 - 100
MCH	29.4	pg	26 - 34
MCHC	31.7	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	58	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	20	mm/1 st hr.	00 - 20

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	0.79	mg/dl	Adults: 0.1	- 1.2
			Infants: 1.2	- 12
S. SGPT (ALT)	51.0	U/L	05	- 40
S. SGOT (AST)	42.0	U/L	05	- 40
S.GGT	41.0	U/L	05	- 45
S. Alkaline Phosphatase	101.8	U/L	Adult -- 25	- 140
			Children (1 – 12 yrs.) -- 104	- 390
S. Total Protein	7.08	g/dl	6.0	- 8.3
S. Albumin	4.02	g/dl	3.2	- 5.0
S. Globulin	3.06	g/dl	2.8	- 4.5
S. A/G Ratio	1.31			

end of report

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Name:- Mr. Pankaj Kumar Mishra	Age :46Y/M	Date :-30/03/2023
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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	168.0	mg/dl	130 - 200
S. Triglycerides	110.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	22.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	98.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.50		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.04		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	85.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	115.0	mg/dl	80 - 160

end of report

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.04	%

Mean Blood Glucose level (MBG) – 98.9 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

Signature

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	134.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.10	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.20	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

Signature