



PATHOLOGY REPORT

Name:- Mr. Mithlesh Kumar Chaudhary	Age :31Y/M	Date :-28/10/2023
Ref. By :- Dr. Bank Of Baraoda	(E.C.N099564)	Serial Number :- 0281

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	14.0	gm/dl	12 - 17
Total Leukocyte Count	8,200	/Cumm.	4000 - 11000
RBC Count	5.28	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	46.7	%	30 - 50
Platelet Count	1.86	Lakhs/c.mm	1.5 - 4.5
MCV	88.4	fl	80 - 100
MCH	26.3	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	14	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	26.0	mg/dl	13	-	45
S. Creatinine	0.90	mg/dl	Male 0.7	-	1.4
			Female 0.6	-	1.2
S. BUN	12.14	mg/dl	6.0	-	21
S. Sodium (Na ⁺)	139.1	mmol/ltr	135	-	150
S. Potassium(K ⁺)	3.90	mmol/ltr	3.5	-	5.5
S. Chloride(Cl ⁻)	101.3	mmol/ltr	94	-	110
S. Calcium	9.10	mg/dl	8.7	-	11.0
S. Uric Acid	3.58	mg/dl	Male 3.5	-	7.2
			Female 2.5	-	6.2

BLOOD GROUPING

Grouping (ABO)	:	"A" 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	0.70	mg/dl	Adults: 0.1 - 1.2	Infants: 1.2 - 12
S. SGPT (ALT)	107.0	U/L	05	- 40
S. SGOT (AST)	78.0	U/L	05	- 40
S.GGT	82.0	U/L	05	- 45
S. Alkaline Phosphatase	163.8	U/L	Adult -- 25 - 140	Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.98	g/dl	6.0	- 8.3
S. Albumin	3.70	g/dl	3.2	- 5.0
S. Globulin	3.28	g/dl	2.8	- 4.5
S. A/G Ratio	1.12			

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	190.0	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	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	116.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.80		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.32		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	82.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	115.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.80	%

Mean Blood Glucose level (MBG) - 99.8 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	128.0	ng/dL	(80 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.10	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.81	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 expeted 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

TEST

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

Signature



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address
Haya Tola, Opp. Polytechnic
Muzaffarpur
Ph: 9821-7772211
9821-7788042
Mob: 9851179794
9471012462

NAME :- MITHALESH KUMAR *Choudhary*
REFD.BY:- DR./SELF.

DATE :- 28/10/2023
SEX:- M

Thanks for the kind referral.
VIS of Whole Abdomen

Liver:- Liver is enlarged in size [16.53 cm] and shows fatty infiltration. No focal lesion is seen. I.H.B.R. are not dilated.

GB:- Normal distention. Walls are not thickened (3.0 mm) . 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 . (bipolar length is 10.92 cm).

Kidneys:- Rt. Kidney :- 7.37 x 3.69 cm Lt. Kidney :- 8.16 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 shape and size.

Free fluid:- No free fluid is noted in the peritoneal cavity.

Other:- Few fecal gas seen.

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


(sonologist)





ECHOCARDIOGRAPHY REPORT

Name : Mr. Mithlesh Kr. *Choudhary* Age/Sex : 31/M
Date : 28/10/2023 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** RRInterval _____ msec
EDG _____ mmHg MDG mmHg MVAcm2
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 _____ msec.
EDG _____ 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** Level
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** Level
PSG mmHg Aortic annulus _____ mm
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

<u>Measurements</u>	<u>Normal Values</u>
Aorta 2.9	(2.0 - 3.7cm)
LV es 3.3	(2.2 - 4.0cm)
IVS ed 0.9	(0.6 - 1.1cm)
RVed	(0.7 - 2.6cm)
LVVd (ml)	
EF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 3.5	(1.9 - 4.0cm)
LV ed 4.7	(3.7 - 5.6cm)
PW (LV) 0.9	(0.6 - 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVs (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

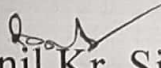
Normal/Enlarged/Clear/Thrombus

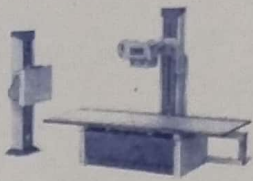
PERICARDIUM

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



Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed.....

Referred by Dr.....

NAME	MITHALESH KUMAR <i>Choudhary</i>	AGE/SEX	31YEARS/ MALE
REF BY.	DR.A.K..SINGH.M B B S MD	DATE	28.10.2023

X- RAY REPORT

CHEST PA VIEWS

Findings :-

- Bilateral Lungs Fields Are Clear.
- Cardiac silhouette is normal in size.
- Bilateral costophrenic angles are normal.
- Bilateral domes of the diaphragm are normal.
- Bony cage & soft tissues are grossly normal.

IMPRESSION :- NORMAL STUDY.

Please correlate clinically

A. Maity

DR. ARUPMAITY
ConsultantRadiologistMBBS.
MD.
RegNo:-WBMC81697

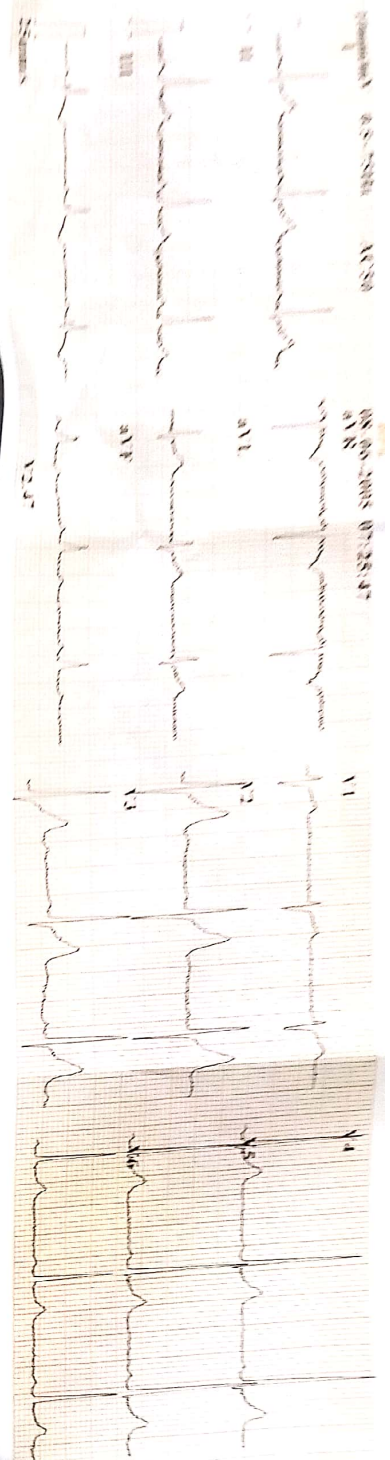
Disclaimer:

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(NOT VALID FOR MEDICO LEGAL PURPOSE)

Facilities Available : 300 MA X-Ray Machine (Digital CR) # Computerised ECG





ID : 050608 0794
 Name : Mubashir Khan
 Age : 51 yr
 Sex : Male
 BP : mmHg
 Height : cm
 Weight : kg
 HR : 66 bpm
 P Dur : 89 ms
 PR Int : 141 ms
 QRS Dur : 89 ms
 QT/QTc Int : 348/366 ms
 P/QRS/T axis :
 RV5/SVI amp : 2.410/0.567 mV
 RV5+SV1 amp : 2.977 mV
 RV6/SV2 amp : 1.582/1.076 mV

Minnesota Code 98195

Diagnosis Information:
 Rhyth: Sinus Rhythm
 Normal ECG

Report Confirmed by: