URMILA HEART
& MULTI SPECIALITY HOSPITAL

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

PATHOLOGY REPORT

Name:- Mr. Kameshwar Kumar	Age :35Y/M	Date :-14/09/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No124232)	Serial Number :- 0141

CBC (Complete Blood Count)

TEST	RESULT	UNIT	Reference Values
Hb (Haemoglobin)	15.0	gm/dl	12 - 17
Total Leukocyte Count	6,400	/Cumm.	4000 - 11000
RBC Count	5.69	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	46.0	%	30 - 50
Platelet Count	1.05	Lakhs/c.mm	1.5 - 4.5
MCV	85.0	fl	80 - 100
MCH	26.2	pg	26 - 34
MCHC	31.7	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	44	%	40 - 70
Lymphocyte	42	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	12	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1st hr.	00 - 20

end of report

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BIOCHEMISTRY

TEST	RESULT	UNIT	Reference Values
S. Creatinine	0.78	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	9.34	mg/dl	6.0 - 21
S. Uric Acid	7.58	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

end of report

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Ref. By :- Dr. Bank Of Baroda | (E.C.No124232) | Serial Number :- 0141

LFT (Liver Function Test) – serum

TEST	RESULT	UNIT	Reference Values
S. Total Bilirubin	0.88	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	35.0	U/L	05 - 40
S. SGOT (AST)	28.0	U/L	05 - 40
S.GGT	32.0	U/L	05 - 45
S. Alkaline Phosphatase	103.8	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.18	g/dl	6.0 - 8.3
S. Albumin	4.02	g/dl	3.2 - 5.0
S. Globulin	3.16	g/dl	2.8 - 4.5
S. A/G Ratio	1.27		

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Lipid Profile – serum

TEST	RESULT	UNIT	Reference Values
S. Cholesterol	150.0	mg/dl	130 - 200
S. Triglycerides	80.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	16.0	mg/dl	10 - 40
S. HDL-Cholesterol	38.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	96.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.94		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.52		1.5 - 3.5

BIOCHEMISTRY

TEST	RESULT	UNIT	Reference Values
P. Glucose Fasting	80.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	120.0	mg/dl	80 - 160

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Urine Routine And Microscopy

TEST	RESULTS
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH (Acidic)	6.0
Chemical Examination	
Protein	Nill
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

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	138.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	9.12	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.18	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 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

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GLYCOSYLATED HEMOGLOBIN

TEST		RESULT	UNIT
HbA1c	-	4.10	%

Mean Blood Glucose level (MBG) – 95.01 mg/dl

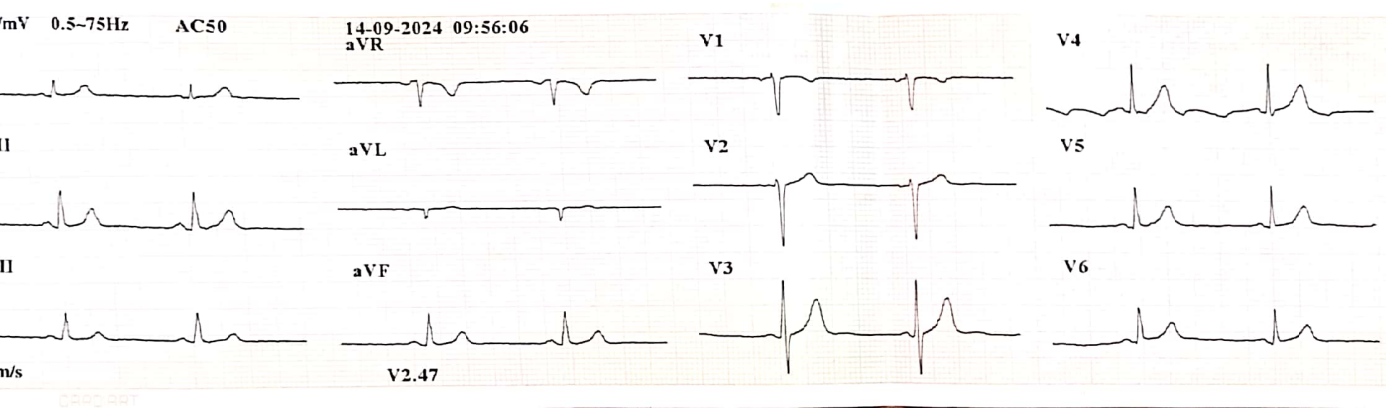
Normal Reference Values

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 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

Signature



ID	:240914-0956		
Name	:		
Age	: 35 yr		
Sex	: Male		
BP	: mmHg		
Height	: cm		
Weight	: kg		
HR	: 57 bpm		
P Dur	: 99 ms		
PR int	: 122 ms		
QRS Dur	: 96 ms		
QT/QTC int	: 365/357 ms		
P/QRS/T axis	: 64/75/53 °		
RV5/SV1 amp	: 0.757/0.650	mV	
RV5+SV1 amp	: 1.407	mV	
RV6/SV2 amp	: 0.647/1.064	mV	

Minnesota Code:
8-8-3
8-1-2
9-4-1(V3)

Kanagshwar Kumar

Diagnosis Information:
811: Sinus Bradycardia
842: Premature Ventricular Contraction

Report Confirmed by:

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ECHOCARDIOGRAPHY REPORT

Name	:**Mr. Kameshwar Kumar**	Age/Sex	: **35/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**	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 cusps1/2/**3**/4
Doppler Normal/Abnormal

	Aortic Stenosis	Present/**Absent**	Level
		PSG mmHg	Aortic annulus _____mm
	Aortic regurgitation	**Absent**/Trivial/Mild/Moderate/Severe.	

Measurements	Normal Values	Measurements	Normal values
Aorta **2.8**	(2.0 – 3.7cm)	LAes **3.7**	(1.9 – 4.0cm)
LV es **2.9**	(2.2 – 4.0cm)	LV ed **4.7**	(3.7 – 5.6cm)
IVS ed **1.1**	(0.6 – 1.1cm)	PW (LV) **1.1**	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
LVEF **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