



URMILA HEART
& MULTI SPECIALITY HOSPITAL
PATHOLOGY REPORT

Address

Naya Tola, Opp. Polytechnic
Muzaffarpur
Ph.: 0621-222211
0621-2268042
Mob.: 9661179794
9471013402

Name :- Mr. Shankar Durga	Age :35Y/M	Date :-17/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No109450)	Serial Number :- 0172

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	14.5	gm/dl	12 - 17
Total Leukocyte Count	8,800	/Cumm.	4000 - 11000
RBC Count	5.38	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	46.4	%	30 - 50
Platelet Count	1.90	Lakhs/c.mm	1.5 - 4.5
MCV	87.2	fl	80 - 100
MCH	26.2	pg	26 - 34
MCHC	30.1	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	50	%	40 - 70
Lymphocyte	42	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophil	06	%	01 - 06
Basophi	00	%	< 1 - 2 %
ESR	18	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	1.08	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	143.2	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.98	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	103.6	mmol/ltr	94 - 110
S. Calcium	9.38	mg/dl	8.7 - 11.0
S. Uric Acid	7.85	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

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Date :-17/11/2024

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(E.C.No109450)

Serial Number :- 0172

LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.94	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	37.0	U/L	05 - 40
S. SGOT (AST)	34.0	U/L	05 - 40
S. Alkaline Phosphatase	93.8	U/L	Adult - 25 - 140 Children (1 - 12 yrs.) - 104 - 390
S. Total Protein	7.34	g/dl	6.0 - 8.3
S. Albumin	4.16	g/dl	3.2 - 5.0
S. Globulin	3.18	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	189.0	mg/dl	130 - 200
S. Triglycerides	145.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	29.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	112.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.93		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.33		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	78.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	116.0	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	1.010
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
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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.01	%

Mean Blood Glucose level (MBG) – 92.05 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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[E.C.No109450]

Serial Number :- 0172

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	126.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.24	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.85	µIU/mL	(0.3 - 5.5)

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

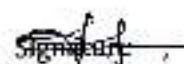
T4 - Competitive Chemi Luminescent Immuno Assay

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(FIT) or Thyroid-Hormone Binding Ratio(THBR) a

end of report




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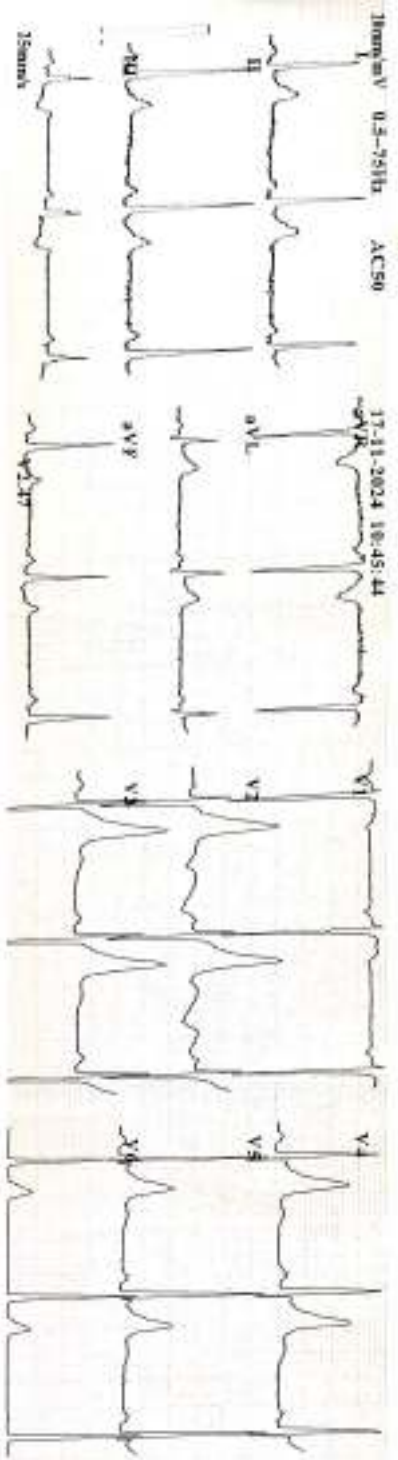
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Stool Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Colour	Brownish
Consistency	Semi Solid
Mucus	Nil
Blood	Nil
Chemical Examination	
pH	Acidic
Reducing Sugar	Nil
Occult Blood	N/D
Microscopic Examination	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
OVA/Cyst	EH (+)
Parasites	Nil
end of report	

Signature



ID : 1241117-1046
 Name : 35 yr
 Age : Male
 Sex : Male
 Height : 178 cm
 Weight : 75 kg
 HR : 65 bpm
 P Dur : 163 ms
 PR Int : 154 ms
 QRS Dur : 110 ms
 QT/QTc Int : 324/319 ms
 PQRSST axis : 51/41/21 °
 RV5+SV1 amp : 1.139/1.299 mV
 RV5+SV1 amp : 2.638 mV
 RV6+SV2 amp : 1.274/0.857 mV

Durga Stanton

Minnesota Code: _____
 Diagnosis Information:
 R00: Sinus Rhythm
 Normal ECG
 Report Confirmed by: _____

R





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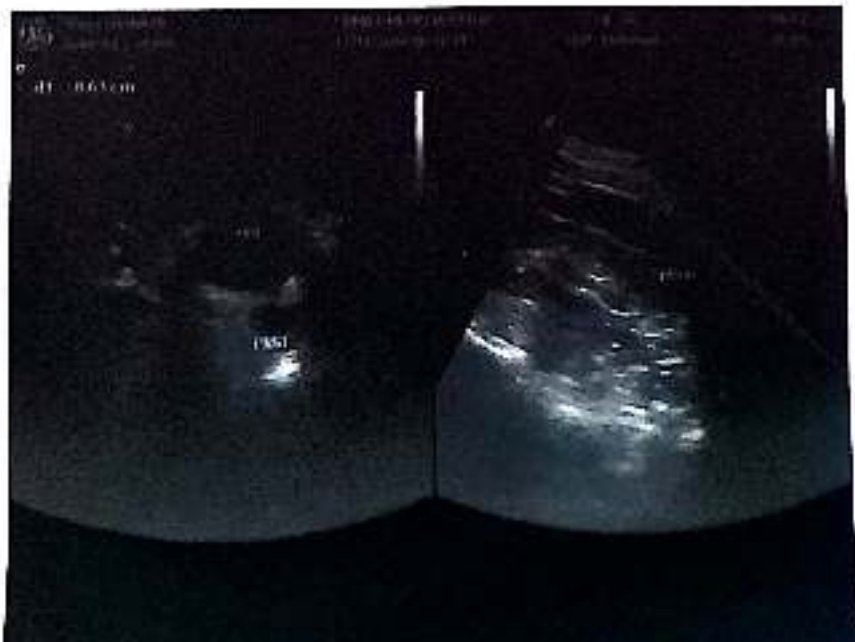
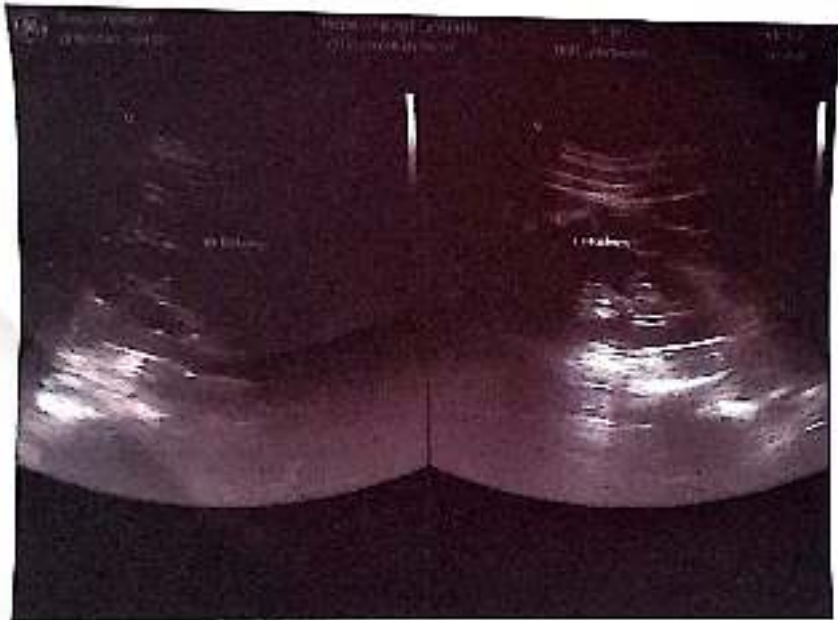
Date :- 17/11/2024
Sex:- M

Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is enlarged in size [156.0mm] with fatty infiltration.
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 86.3 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 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.

IMPRESSION :- Hepatomegaly with fatty liver.


(sonologist)





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ECHOCARDIOGRAPHY REPORT

Name	: Mr. Durga Shankar	Age/Sex	: 35/M
Date	: 17/11/2024	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 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 3.1	(2.0 - 3.7cm)
LV es 3.2	(2.2 - 4.0cm)
IVS ed 0.9	(0.6 - 1.1cm)
RVed	(0.7 - 2.6cm)
LVVd (ml)	
LVEF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 3.1	(1.9 - 4.0cm)
LV ed 4.1	(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

