

PATHOLOGY REPORT

Name:- Mr.Raman Atul	Age :37Y/M	Date :-24/06/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No104562)	Serial Number :- 0243

<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	7,400	/Cumm.	4000 - 11000
RBC Count	4.92	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	44.3	%	30 - 50
Platelet Count	1.63	Lakhs/c.mm	1.5 - 4.5
MCV	90.0	fl	80 - 100
MCH	27.4	pg	26 - 34
MCHC	30.5	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	50	%	40 - 70
Lymphocyte	44	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	04	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	12	mm/1 st hr.	00 - 20

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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	0.98	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	137.1	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.37	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	94.0	mmol/ltr	94 - 110
S. Calcium	8.96	mg/dl	8.7 - 11.0
S. Uric Acid	11.35	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"O" 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	1.70	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	44.0	U/L	05 - 40
S. SGOT (AST)	46.0	U/L	05 - 40
S.GGT	42.0	U/L	05 - 45
S. Alkaline Phosphatase	131.8	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.18	g/dl	6.0 - 8.3
S. Albumin	4.06	g/dl	3.2 - 5.0
S. Globulin	3.12	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	208.0	mg/dl	130 - 200
S. Triglycerides	135.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	27.0	mg/dl	10 - 40
S. HDL-Cholesterol	42.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	139.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.95		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	3.30		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	101.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	129.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	5.0	%

Mean Blood Glucose level (MBG) – 94.0 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.

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	131.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.10	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.86	µIU/mL	(0.3 - 5.5)

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwisch 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

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Yellow
Specific Gravity	1.020
Appearance	Clear
pH	7.0
(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

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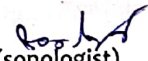
NAME :- ATUL RAMAN .
REFD.BY:- DR./SELF.

DATE :- 24/06/2023
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- **Liver is enlarged in size [16.20 cm] with shows fatty infiltration.**
GB:- Normal distention. 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 .
Kidneys:- Rt. Kidney :- 9.09 x 3.69 cm Lt. Kidney :- 9.12 x 3.34 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.
Both sided kidney cylex is diated.
UB:- Urinary bladder is smoothly outlined. There is no calculus within.
prostate:- The prostate is normal in size .
Free fluid:- No free fluid is noted in the peritoneal cavity.
Other :- Few fecal gas seen in abdominal cavity .

IMPRESSION :-Hepatomegaly with fatty liver .Grade -I.


(sonologist)

ECHOCARDIOGRAPHY REPORT

Name : Mr. Atul Raman
Date : 24/06/2023
IPID No. :
Ref. By : Self

Age/Sex : 36/M
ECHO No. :
UHID No. :
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: _____

Normal/Abnormal E>A

RRInterval _____ msec
MVAcm2 _____

Doppler

Mitral Stenosis Present/Absent

MDG _____ mmHg

EDG _____ mmHg

Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

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

Doppler Normal/Abnormal

Tricuspid stenosis

EDG _____ mmHg

Tricuspid regurgitation:

Velocity _____ msec.

Present/Absent

MDG _____ mmHg

Absent/Trivial/Mild/Moderate/Severe

Pred. RVSP=RAP+ _____ mmHg

RR interval _____ msec.

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation.

Doppler Normal/Abnormal.

Pulmonary stenosis

Pulmonary regurgitation

Early diastolic gradient

Present/Absent

PSG _____ mmHg

Present/Absent

_____ mmHg.

End diastolic gradient _____ mmHg

Level

Pulmonary annulus _____ mm

AORTIC VALVE

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

No. of cusps 1/2/3/4

Normal/Abnormal

Aortic Stenosis

Aortic regurgitation

Present/Absent

PSG _____ mmHg

Aortic annulus _____ mm

Absent/Trivial/Mild/Moderate/Severe.

Level

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 3.4	(2.0 – 3.7cm)	LAes 3.2	(1.9 – 4.0cm)
LV es 2.4	(2.2 – 4.0cm)	LV ed 3.4	(3.7 – 5.6cm)
IVS ed 1.0	(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)	
EF 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

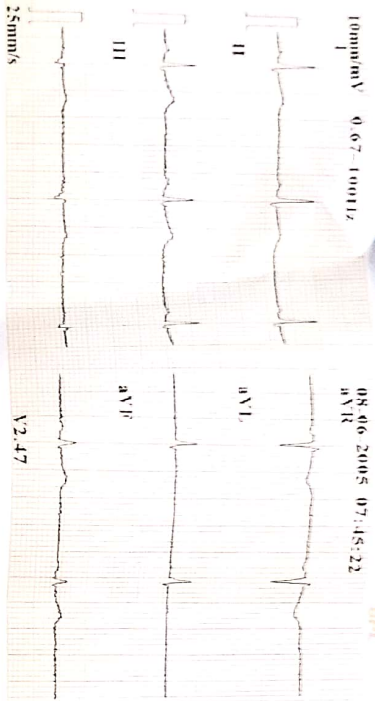
RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

All Chambers are Normal in Size
Normal LV Systolic & Diastolic Function
No RWMA/LVEF=60%
No MR/AR /PR/TR
Normal Pericardium

Dr. Anil Kr. Singh
Dr. Anil Kr. Singh
Cardiologist



ID: 1050608 0716
 Name: *[Signature]*
 Age: 35 yr
 Sex: Male
 HR:
 Height:
 Weight:
 HR: 60 bpm
 P-Dur: 107 ms
 PR-int: 147 ms
 QRS-Dur: 82 ms
 QT/QTc-int: 382/383 ms
 P/QRS/ST axis: 57/24/56 °
 RYS/SYT1 amp: 0.889/0.899 mV
 RYS+SYT1 amp: 1.788 mV
 RY6/SY2 amp: 1.017/1.280 mV

Minnesota Code: 9-1-2(V4)

Diagnostic Information:
 800: Sinus Rhyth
 Normal ECG

Report Confirmed by: