



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name: Mr. Sah Satrugan Kumar	Age :33Y/M	Date :-08/07/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No170434)	Serial Number :- 0082

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	4,900	/Cumm.	4000 - 11000
RBC Count	4.71	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.5	%	30 - 50
Platelet Count	1.54	Lakhs/c.mm	1.5 - 4.5
MCV	90.2	fl	80 - 100
MCH	27.6	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophll	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	25.0	mg/dl	13 - 45
S. Creatinine	1.02	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	141.9	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.71	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	90.2	mmol/ltr	94 - 110
S. Calcium	9.35	mg/dl	8.7 - 11.0
S. Uric Acid	6.92	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	0.76	mg/dl	Adults: 0.1 - 1.2	Infants: 1.2 - 12
S. SGPT (ALT)	32.0	U/L	05	40
S. SGOT (AST)	24.0	U/L	05	40
S. GGT	34.0	U/L	05	45
S. Alkaline Phosphatase	89.6	U/L	Adult -- 25 - 140	Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.06	g/dl	6.0	8.3
S. Albumin	3.76	g/dl	3.2	5.0
S. Globulin	3.27	g/dl	2.8	4.5
S. A/G Ratio	1.15			

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	210.0	mg/dl	130 - 200
S. Triglycerides	130.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	26.0	mg/dl	10 - 40
S. HDL-Cholesterol	51.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	133.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.11		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.60		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	87.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	119.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	5.1	%

Mean Blood Glucose level (MBG) – 91.0 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	128.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.18	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.31	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(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	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
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ECHOCARDIOGRAPHY REPORT

Name : Mr. Satrughan Sah
Date : 08/07/2023
IPID No. :
Ref. By : Self

Age/Sex : 33/M
ECHO No. :
UHID No. :
Done By : Dr. Anil Kr. Singh

MITRAL VALVE

Morphology **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 Present/Absent RR interval _____ msec.
Tricuspid stenosis MDG _____ mmHg
EDG _____ mmHg **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
Tricuspid regurgitation: Pred. RVSP=RAP+ mmHg
Velocity _____ msec.

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
Doppler **Normal**/Abnormal Present/Absent Level
Pulmonary stenosis 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 Present/Absent Level
Aortic Stenosis PSG mmHg Aortic annulus _____ mm
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.



<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.7	(2.0 - 3.7cm)	LAes 3.1	(1.9 - 4.0cm)
LV es 2.9	(2.2 - 4.0cm)	LV ed 4.3	(3.7 - 5.6cm)
IWS ed 0.9	(0.6 - 1.1cm)	PW (LV) 1.0	(0.6 - 1.1cm)
RVed	(0.7 - 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	Normal/Flat/Paradoxical
EF 60%	(54%-76%)	IWS motion	

CHAMBERS:

LV	Normal/Enlarged/Contraction	Clear/Thrombus	Hypertrophy/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



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NAME :- SHATRUDHAN KUMAR SHAH .
REFD.BY:- DR./SELF.

DATE :- 08/07/2023
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:-

Liver is Enlarged in size [14.95cm] with shows fatty infiltration.

No focal lesion is seen. I.H.B.R. are not dilated.

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 10.0cm).

Kidneys:-

Rt. Kidney :- 9.76 x 3.66 cm

Lt. Kidney :- 10.44 x 4.32 cm

Both kidneys are normal in shape, size, contour, cortical

echo texture, and sinus echoes. A tiny bright echogenic echog

measuring about 0.23cm seen in Lt. kidney.

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 :- 1.Hepatomegaly with fatty liver.

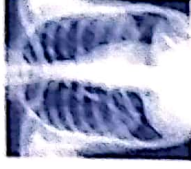
2. Lt. renal tiny calculus.

(sonologist)



Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed.....

Referred by Dr.....

PATIENT ID	: 87202308	PATIENT NAME	: SHATRUGHAN KUMAR SAHA
AGE	: -33Y	SEX	: M
REF. PHY.	: A K SINGHM B B S MD	STUDY DATE	: 8 JULY-2023

RADIOLOGY REPORT

EXAM: X RAY CHEST

CLINICAL HISTORY:

COMPARISON:
None

TECHNIQUE:

Frontal projections of the chest were obtained

FINDINGS

Both lung fields are clear.
 Both costophrenic angles appear normal.
 The tracheal lucency is centrally placed.
 The mediastinal and diaphragmatic outlines appear normal.
 The heart shadow is normal.
 The bony thoracic cage and soft tissues are normal.

IMPRESSION

1. The study is within normal limits.

Dr Vilas Kamikdaley
 Consultant Radiologist
 MBBS, MD, DNB(R), DNB(D)
 Regn. No: 34510

Dr Vilas Kamikdaley
 8 July 2023

(NOT VALID FOR MEDICO LEGAL PURPOSE)
 Facilities Available : 300 MA X-Ray Machine (Digital CR) # Computerised ECG



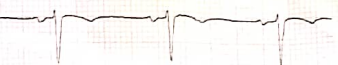
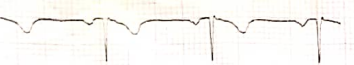
10mm/mV 0.67-100Hz

08-06-2005 07:38:21

aVR

V1

V4

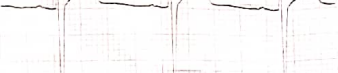


II

aVL

V2

V5

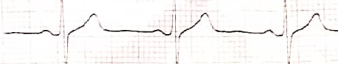
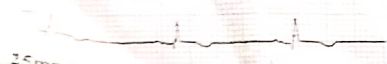


III

aVF

V3

V6



25mm/s

V2.47

ID : 050608-0738
 Name : *Salouh Bah*
 Age : 33 yr
 Sex : Male
 BP : mmHg
 Height : cm
 Weight : kg

Minnesota Code: 9-4-14(3)

HR : 70 bpm
 P Dur : 94 ms
 PR int : 137 ms
 QRS Dur : 82 ms
 QT/QTc int : 336/364 ms
 QRS/T axis : 51/61.26 °
 RV5/SV1 amp : 1.178/0.851 mV
 RV5+SV1 amp : 2.029 mV
 RV6/SV2 amp : 0.946/1.915 mV

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

Report Confirmed by: