

MAA DIGTAL X-RAY E.E.G&E.C.G

CENTAR JURAN CHHAPRA ROD NO 2 OPP.K.D.K.M.HOSPITALMUZAFFARPUR

Name: MR.JHA MITHLESH KUMAR

Ref By: DR. SELF

AGE/Sex:45YRS/M

Date: 10/28/23

RADIOGRAPH OF CHEST PA VIEW

- > Prominent bronchovascular markings are seen in bilateral lung fields
- > Rest of visualized bilateral lungs field appear clear.
- > Both domes of diaphragm appear normal
- > Cardiac shadow appears normal.

IMPRESSION:

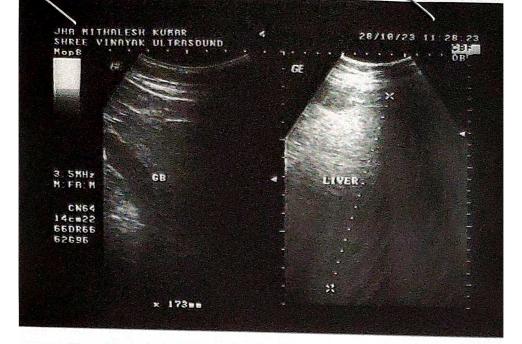
> Prominent bronchovascular markings are seen in bilateral lung fields

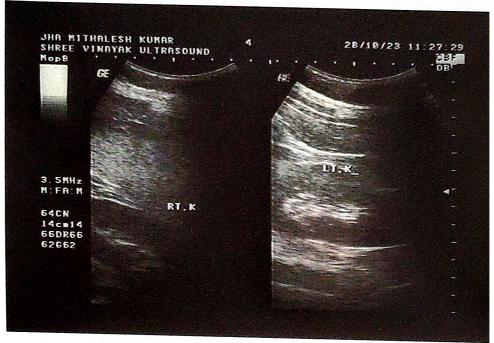
DR. BHAVESH PATE

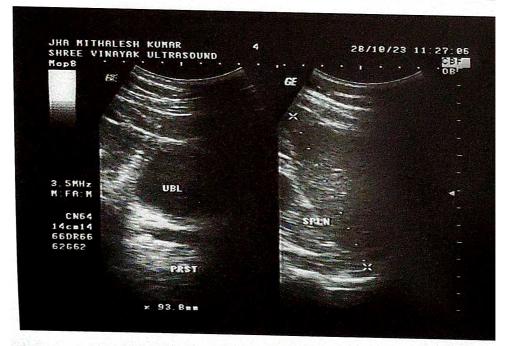
MBBS. DNB (RADIOLOGY)

Disclaimer:

It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately. For Any Query please call us at +91-9569874264, +0532-4034840







SHREE VINAYAK ULTRASOUND CENTRE

COLOR DOPPLER



Juran Chapra, Near Govt. School Road No.-4, Muzaffarpur

> Dr. A. R. Sinha M.D. Ph.D. (Sonologist)

NAME - MR. JHA MITHLESH KUMAR

SEX-MALE

PART SCANNED—WHOLE ABDOMEN

DATE-28.10.2023.

REFFERED BY DR.—SELF

REPORT

Liver is enlarged in shape, size [173.0mm] with fatty infiltration.

Movements of both domes of diaphragm appears normal

G.B. : Gall bladder is physiologically distended. wall thickened. There is

No evidence of any intraluminal mass lesion or calculi seen.

C.B. D. : Normal in caliber. P.V. : Normal in caliber.

PANCREAS: Normal in shape size and echo texture. Pancreatic duct is normal. No calcification

or mass lesion seen.

SPLEEN: (Measures: 93.8mm Bipolar). Normal in shape size and echo texture. No focal

Lesion seen in parenchyma.

KIDNEY: Both kidneys are normal in shape, size and cortical echo texture. The cortico-

medullary differentiation is intact. No calculus or hydronephrotic change is seen

on either side .Measures RT KID 82.5mm LT, KID. 79.2mm- Bipolar.

U. BLADDER: Urinary bladder is normal in size, shape & contour. No intraluminal lesion or

calculi is seen. The wall is thickness is normal.

PROSTATE :- Appears normal in size with normal echo texture.

IMPRESSION: HEPATOMEGALY WITH FATTY LIVER.G-II.

THANKS

SONOLOGIST.





- Juran Chapra, Main Road (Near Apex Hospital), Muzaffarpur © 9334191831, 8936818153
- sunrisepathology2018@gmail.com

Reg. No.: 700 / ISO 9001:2015

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mr./Ms*. JHA MITHILESH KUMAR son/daughter of Shri RAM SAKAL JHA of aged 29 years. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects such a deafness, colour blindness, and any chronic or contagious diseases.

Signature of t	he Candidate:	
Place:		
Date:		

Name & Signature of the Medical Officer





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Sunrisepathology2018@gmail.com

PATIENT ID PTR-006284 **COLLECTED ON 28-10-2023 PATIENT NAME** Mr. JHA MITHILESH KUMAR AGE / SEX 29 Year-Male

RECEIVED ON 28-10-2023/ REPORTING ON

31-10-2023/11:08AM

BARCODE 231028004

HERREN CONSTANTO DR.SELF [LIPID PROFILE EXAMINATION]

TEST NAME	VALUE	UNITS	NORMAL RANGE
TOTAL CHOLESTEROL	136	mg/dl	50 - 200
(METHOD : PHOTOMETRY)			
HDL. CHOLESTEROL	45	mg/dl	35 - 80
TRIGLYCERIDES	150.00	mg/dl	50 - 150
(METHOD : PHOTOMETRY)			
LDL CHOLESTEROL	61.00	mg/dl	85 - 100
VLDL CHOLESTEROL	30.00	mg/dl	5.00 - 40.00
TOTAL CHOLESTEROL/HDL RATION	3.02		
LDL / HDL CHOLESTEROL RATIO	2.02	RATIO	1.50 - 3.50

REFERENCE RANGES:

MOBILE NO.

SPECIMEN

REF. BY

TOTAL CHOL	ESTEROL_	LDL CHOLES	STEROL_	TRIGLY	<u>CERIDES</u>
< 200	NORMAL	< 100	NORMAL	< 150	NORMAL
200 – 239	BORDERLINE HIGH	100 – 129	LOW HIGH	150–199	BODERLINE HIGH
> 240	HIGH	130 – 159	BORDERLINE HIGH	200 – 499	HIGH
		160 – 189	HIGH	> 500	VERY HIGH
		> 190	VERY HIGH		

^{**}NOTE :- 10 - 12 HOURS FASTING IS MANDATORY. IF NOT , VALUES ARE MIGHT FLACTUATE.

*PLEASE CORRELATE WITH CLINICAL CONDITIONS. (METHOD: PHOTOMETRY)

DR.V.TIWARI (MBBS,MD),LAB HEAD

Jungayja<u>s</u> DR.MD.ALI.MUZAFFAR MBBS, MD (PATH)

^{*} This test has been Processed at this Lab , .*This test Results are to used for help in diagnosing medical desease



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PATIENT ID PTR-006284 **COLLECTED ON 28-10-2023 PATIENT NAME** Mr. JHA MITHILESH KUMAR RECEIVED ON 28-10-2023/ AGE / SEX 29 Year-Male

MOBILE NO. SPECIMEN

REPORTING ON 31-10-2023/11:08AM

BARCODE 231028004

REF. BY HELEH GHEAKRUP DR SELE [LIVER FUNCTION TEST]

TEST NAME	VALUE	UNITS	NORMAL RANGE
TOTAL BILIRUBIN	0.79	mg/dl	0.00 - 1.20
CONJUGATED BILIRUBIN	0.30	mg/dl	0-0.3
UNCONJUGATED BILIRUBIN	0.49	mg/dl	0-0.6
TOTAL PROTEIN	7.15	gms/dl	6.00 - 8.00
ALBUMIN	4.28	gm/dl	3.50 - 5.00
(METHOD : PHOTOMETRY)			
GLOBULIN	2.87	gm/dl	2.3 - 3.60
ALBUMIN/GLOBULIN RATIO	1.49	RATIO	UP TO 2:1
SGOT	39	U/I	0 - 45
SGPT	35	U/I	0 - 45
ALKALINE PHOSPHATASE	101	IU/L	50-130

*PLEASE CORRELATE WITH CLINICAL CONDITIONS.

(METHOD: PHOTOMETRY)

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MOBILE NO.

SPECIMEN

REPORTING ON

31-10-2023/11:08AM

BARCODE 231028004

REF. BY HELEH CHEAKUP DR SELF [COMPLETE BLOOD COUNT]

···REF: DUG-TURS · DR.SFIF	feerm frit brees cook! I		
TEST NAME	VALUE	UNITS	NORMAL RANGE
HEMOGLOBIN	15.4	g/dL	13.0-18.0
PCV	46.7	%	35.00 - 55.00
RED BLOOD CELLS	5.77	10^12/L	4.5-6.0
MCV	80.94	fL	76.0-96.0
(METHOD : Electrical Impedance)			
MCH	26.69	pq	27.0-32.0
(METHOD : CALCULATED)			
MCHC	32.98	gm%	32.0-37.0
(METHOD : CALCULATED)		-	
RED CELL DISTRIBUTION WIDTH	15.0	%	11.5-15.0
TOTAL LEUCOCYTES COUNT	7.1	X 10^3 / uL	4-10.5
DIFF. LYMPHO COUNT		%	
NEUTROPHILLS.	62	%	40-75
LYMPHOCYTES.	33	%	20-40
MONOCYTES.	2	%	2-10
EOSNOPHILLS.	3	%	1-6
BASOPHILLS.	0	%	0.00 - 2.00
ABSOLUTE COUNT			
NEUTROPHILS – ABSOLUTE COUNT	4.40	X 10^3 / uL	2.00 - 7.00
LYMPHOCYTES - ABSOLUTE COUNT	2.34	X 10^3 / uL	1.00 - 3.00
MONOCYTES - ABSOLUTE COUNT	0.14	X 10^3 / uL	0.20 - 1.00
EOSINOPHILS – ABSOLUTE COUNT	0.21	X 10^3 / uL	0.00 - 0.50
BASOPHILS – ABSOLUTE COUNT	0.00	X 10^3 / uL	0.00 - 0.10
PLATELATE COUNT	266	X 10^3 / uL	150-450

If platelet count does not correlate clinically, it should be repeated with fresh sample, Platelet result is very sensitive to collection method, if blood does not flow freely out of vein due to any reason, it may give false result.

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PATIENT ID PTR-006284 COLLECTED ON 28-10-2023 **PATIENT NAME** Mr. JHA MITHILESH KUMAR RECEIVED ON 28-10-2023/

REPORTING ON AGE / SEX 29 Year-Male **MOBILE NO. BARCODE**

SPECIMEN REF. BY HELEH GHEAKRUP [T3,T4,TSH]

TEST NAME VALUE UNITS **NORMAL RANGE** TOTAL TRIIDOTHYRONINE 60.00 - 200.00 119.5 ng/dl TOTAL THYROXINE 4.50 - 12.00 6.58 mcg/dl THYROID STIMULATING HORMONE 3.21 uIU/ml 0.30 - 5.50(METHOD : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY. (C.L.I.A.))

REFERENCE RANGES FOR TSH

AGE	TSH (uIU/mL)	T4 (mcg/dL)	T3 (ng/dL)
1 - 4 DAYS	1.00 - 39.00	14.00 - 28.40	100 - 740
5 DAYS - 5 MONTHS	1.70 - 9.10	7.20 - 15.70	105 - 245
5 MONTHS - 2 YEARS	0.80 - 8.20	7.20 - 15.70	405 - 269
2 YEARS - 20 YEARS	0.70 - 5.70	5.50 - 13.50	90 - 230
ABOVE - 20 YEARS	0.35 - 5.50	4.50 - 12.50	70 - 200

PREGNANCY REFERENCE RANGES FOR TSH IN uIU/ml

1 ST TRIMESTER	0.10 - 2.50
2 ND TRIMESTER	0.20 - 3.00
3 RD TRIMESTER	0.30 - 3.00

REMARKS:-

Total serum T3 and T4 concentration depend upon a multiplicity of factors: Thyroid gland function and its regulation, thyroxin binding globulin (TBG) concentration, and the binding of T3 & T4 to TBG. Thus, Total T3 T4 concentration alone is not sufficient to access the clinical status.

A decrease in total T3 value is found with protein - wasting diseases , certain liver diseases and administration of testosterone , biphenyl hydration or salicylates Total T3 value may be elevated under condition such as pregnancy or administration of oral contraceptives.

High TSH levels can mean your thyroid is not making enough thyroid hormones, a condition called hypothyroidism. Low TSH levels can mean your thyroid is making too much of the hormones, a condition called hyperthyroidism. A TSH test does not explain why TSH levels are too high or too low. If your test results are abnormal, your health care provider will probably order additional tests to determine the cause of your thyroid problem.

(METHOD: CHEMI LUMINESCENT IMMUNO ASSAY. (C.L.I.A.))

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للسومولومي DR.MD.ALI.MUZAFFAR MBBS, MD (PATH)

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REPORTING ON 31-10-2023/11:08AM AGE / SEX 29 Year-Male **MOBILE NO. BARCODE** 231028004

SPECIMEN REF. BY

HELEH GUEAGEUP DR SFLF [KIDNEY FUNCTION TEST]				
TEST NAME	VALUE	UNITS	NORMAL RANGE	
UREA	18.0	mg/dl	13.00 - 43.00	
BLOOD UREA NITROGEN	8.41	md/dl	3.00 - 23.20	
CREATNINE	0.84	mg/dl	0.60-1.40	
URIC ACID	5.20	mg/dl	MALES: 3.40 - 7.00 FEMALES: 2.40 - 6.5	
CALCIUM	8.56	mg/dl	8.50 - 11.0	
SODIUM	140.6	mmol/L	135.00 - 145.00	
POTASSIUM	3.85	mmol/L	3.50 - 5.10	
CHLORIDE	102.4	mEa/L	97.00 - 111.00	

*PLEASE CORRELATE WITH CLINICAL CONDITIONS.

(METHOD: PHOTOMETRY.)

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AGE / SEX MOBILE NO. SPECIMEN 29 Year-Male

REPORTING ON 31-10-2023/11:08AM **BARCODE** 231028004

REF. BY
HELEH GUEAGRUP DR SFLF [BLOOD GLUCOSE]

TEST NAME	VALUE	UNITS	NORMAL RANGE	
BLOOD GLUCOSE (F)	92	mg/dL	70.00 - 110.00	
(METHOD : PHOTOMETRY)				
BLOOD GLUCOSE (PP)	170	mg/dL	100.00 - 140.00	٦
(METHOD : PHOTOMETRY)				

Comments:-

Screening and diagnosis of Diabetes Mellitus.

Control of Diabetes Mellitus.

Increased Levels - Diabetes Mellitus, Hyperthyroidsm, Hyperadrenalism & Certain Liver diseases.

Decreased levels:- Insulinoma, Hypothyroidsm, Hypopituitarism.

Notes - Please correlate with clinical condition and drug history

(METHOD: PHOTOMETRY)

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السرة ملامة DR.MD.ALI.MUZAFFAR MBBS, MD (PATH)

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MOBILE NO. SPECIMEN

REF. BY

29 Year-Male

28-10-2023/ REPORTING ON 31-10-2023/11:08AM **BARCODE** 231028004

[EXAMINATION OF URINE ROUTINE]

HEATH CHEAGRUP DR SFI F [EXAMINATION OF URINE ROUTINE]				
TEST NAME	VALUE	UNITS	NORMAL RANGE	
PHYSICAL .				
QUANTITY	25	ml		
COLOUR.	Pale yellow			
APPEARANCE	Clear		CLEAR	
SEDIMENT	Nil		ABSENT	
SPECIFIC GRAVITY	1.020		1.01 - 1.030	
CHEMICAL.				
REACTION PH	6.0		4.50 - 8.00	
PROTEIN .	NOT DETECTED		NOT DETECTED	
GLUCOSE	NOT DETECTED		NOT DETECTED	
BLOOD	NOT DETECTED		NOT DETECTED	
KETONE	NOT DETECTED		NOT DETECTED	
NITRITE	NOT DETECTED		NOT DETECTED	
BILIRUBIN	NOT DETECTED		NOT DETECTED	
UROBILINOGEN	NOT DETECTED		NOT DETECTED	
MICROSCOPY.				
PUS CELLS	2-4	/hpf	0-4/HPF	
R.B.C.	NOT DETECTED	/hpf		
EPITHELIAL CELLS	2-3	/hpf	0-3/HPF	
CAST	NOT DETECTED		NOT DETECTED	
CREASTAL	NOT DETECTED		NOT DETECTED	
BACTERIA	NOT DETECTED		NOT DETECTED	
OTHERS	-		NOT DETECTED	

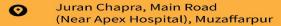
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PATIENT ID PTR-006284 COLLECTED ON 28-10-2023 Mr. JHA MITHILESH KUMAR **PATIENT NAME** RECEIVED ON 28-10-2023/ AGE / SEX

MOBILE NO. SPECIMEN

REF. BY HELEH GHEAKRUP 29 Year-Male

REPORTING ON 31-10-2023/11:08AM **BARCODE** 231028004

TEST NAME	VALUE	UNITS	NORMAL RANGE
ESTIMATED GLOMERULAR FILTRATION RATE	10	ml/min	

REFERENCE RANGE:-

59.00 NORMAL 60 89.00 MID. DECREASE 45.00 59.00 MID. TO MODERATE DECREASE 30.00 44.00 MODERATE TO SEVERE DECREASE 15.00 29.00 SEVERE DECREASE

DR SELF

CLINICAL SIGNIFICANCE:

The level of creatinine in the blood is a useful guide to kidney function or the glomerular filtration rate (GFR). (The terms kidney function and GFR should largely be considered as interchangeable.) Formulas which combine the serum creatinine level with other information about a patient such as their age, sex and race, can provide a more accurate measure of kidney function which is termed the estimated GFR or eGFR. The eGFR is usually calculated and reported by the laboratory measuring the creatinine level.

Creatinine level must be stable: eGFR calculations assume that the level of creatinine in the blood is stable over days or longer i.e. steadystate; they are not valid if it is changing. It is therefore not valid in patients with acute kidney injury or in patients receiving dialysis.

(METHOD: CALCULATED)

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Jhugayla<u>i</u> DR.MD.ALI.MUZAFFAR MBBS, MD (PATH)

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AGE / SEX 29 Year-Male REPORTING ON MOBILE NO. BARCODE

REF. BY HELEH GUEAGRUP DR SELF

TEST NAME	VALUE	UNITS	NORMAL RANGE
GLYCOSYLATED HAEMOGLOBIN	5.33	%	

Test: GLYCOSYLATED HAEMOGLOBIN.(HBA1c)

REFERENCE VALUE:

SPECIMEN

(METHOD: H. P. L. C.)

للسرة مؤلمة DR.MD.ALI.MUZAFFAR MBBS, MD (PATH)

CONSULTANT PATHOLOGIST.

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SPECIMEN

REF. BY

HELE GOE OF DR SELF

TEST NAME	VALUE	UNITS	NORMAL RANGE
GAMA GLUTAMY TRANSFERASE	28.6	U/L	0-50

(METHOD: PHOTOMETRY)

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إلساق عزيل عيه DR.MD.ALI.MUZAFFAR MBBS, MD (PATH)

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SPECIMEN REF. BY

HELEH CHEAK UP	DR SFLF			
TEST NAME		VALUE	UNITS	NORMAL RANGE
BLOOD GROUP				
BLOOD GROUP		"B"		
RH TITRATION		Positive		

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REF. BY

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BARCODE 231028004

HELEH GUE OF DR SELF			
TEST NAME	VALUE	UNITS	NORMAL RANGE
STOOL EXAMINATION ROUTINE			
COLOUR	Yellowish		
Form and Consistency	Semi Solid		Semi Solid
mucus	Absent		ABSENT
VISIBLE BLOOD	Absent		ABSENT
REACTION	Alkaline		ALKALINE
PUS CELLS	0-1	/hpf	0-5
RBC	NOT DETECTED	/hpf	NOT DETECTED
CYSTS	NOT SEEN		NOT SEEN
Occult Blood	-		NOT SEEN
OTHER OBSERVATIONS	-		NOT SEEN
OVA	NOT SEEN		NOT SEEN
REDUCING SUGAR	NOT DETECTED		NOT DETECTED
UNDIGESTED FOOD PARTICLES	Absent		

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REPORTING ON AGE / SEX 29 Year-Male

MOBILE NO. BARCODE SPECIMEN

REF. BY HEFER CHEAR UP DR.SELE

TEST NAME VALUE UNITS **NORMAL RANGE** URINE SUGAR(FASTING) NOT DETECTED NOT DETECTED

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REF. BY
HELEH GOSTON

TEST NAME	VALUE	UNITS	NORMAL RANGE
URINE SUGAR(PP)	NOT DETECTED		NOT DETECTED

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