



**URMILA HEART**  
**& MULTI SPECIALITY HOSPITAL**  
**PATHOLOGY REPORT**

**Address**

Naya Tola, Opp. Polyte  
Muzaffarpur  
Ph.: 0621-2222211  
0621-2268044  
Mob.: 9661179794  
9471013402

Name - Mr Mohan Dewrat	Age - 33Y/M	Date - 09/11/2024
Ref. By :- Dr. Bank Of Barode	(I.C.No322170)	Serial Number - 091

**CBC (Complete Blood Count)**

TEST	RESULT	UNIT	Reference Values
Hb (Haemoglobin)	13.0	g/dl	12 - 17
Total Leukocyte Count	4,400	/Cumm.	4000 - 11000
RBC Count	4.70	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.1	%	39 - 50
Platelet Count	1.36	Lakhs/c mm	1.5 - 4.5
MCV	81.8	f	80 - 100
MCH	25.2	pg	26 - 34
MCHC	31.4	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	50	%	40 - 70
Lymphocyte	36	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	01 - 05
Basophi	00	%	<1 - 2%
ESR	14	mm/1 <sup>st</sup> hr.	00 - 20

\*\*\*end of report\*\*\*

Signature



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Name:- Mr.Mohan Devrat	Age :33Y/M	Date :-09/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No322170)	Serial Number :- 091

**KFT (KIDNEY Function Test) – serum**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>		
S. Urea	38.0	mg/dl	13	-	45
S. Creatinine	1.38	mg/dl	Male 0.7	-	1.4
			Female 0.6	-	1.2
S. BUN	17.74	mg/dl	6.0	-	21
S. Sodium (Na <sup>+</sup> )	142.1	mmol/ltr	135	-	150
S. Potassium(K <sup>+</sup> )	4.31	mmol/ltr	3.5	-	5.5
S. Chloride(Cl <sup>-</sup> )	104.2	mmol/ltr	94	-	110
S. Calcium	9.26	mg/dl	8.7	-	11.0
S. Uric Acid	8.96	mg/dl	Male 3.5	-	7.2
			Female 2.5	-	6.2

**BLOOD GROUPING**

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

\*\*\*end of report\*\*\*

*Sanjiv*



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9471013401

Name:- Mr.Mohan Devrat	Age :33Y/M	Date :-09/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No322170)	Serial Number :- 091

**LFT (Liver Function Test) – serum**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.81	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	83.0	U/L	05 - 40
S. SGOT (AST)	68.0	U/L	05 - 40
S. Alkaline Phosphatase	124.6	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.42	g/dl	6.0 - 8.3
S. Albumin	4.36	g/dl	3.2 - 5.0
S. Globulin	3.06	g/dl	2.8 - 4.5
S. A/G Ratio	1.42		

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Name:- Mr. Mohan Devrat	Age :-33Y/M	Date :-09/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No322170)	Serial Number :- 091

**Lipid Profile - serum**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	364.0	mg/dl	130 - 200
S. Triglycerides	405.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	81.0	mg/dl	10 - 40
S. HDL-Cholesterol	86.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	197.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.23		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.29		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)	116.0	mg/dl	80 - 160

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Name:- Mr. Mohan Devrat	Age :33Y/M	Date :-09/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No322170)	Serial Number :- 091

**GLYCOSYLATED HEMOGLOBIN**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.89	%

Mean Blood Glucose level (MBG) – 89.01 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 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.

\*\*\*end of report\*\*\*

*Signature*





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Age : 33Y/M

Date :- 09/11/2024

Ref. By :- Dr. Bank Of Baroda

[E.C.No322170]

Serial Number :- 091

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	142.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	8.05	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.16	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. An early and sensitive indicator of decrease in thyroid reserve is the diagnosis 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 TEG concentration, which can be monitored by calculating Free Thyroxine Index (FTI) or Thyroid Hormone Binding Ratio (THBR). a

\*\*\*end of report\*\*\*



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Name:- Mr. Mohan Devrat

Age :33Y/M

Date :-09/11/2024

Ref. By :- Dr. Bank Of Baroda

(E.C.No322170)

Serial Number :- 091

**Urine Routine And Microscopy**

**TEST**

**RESULTS**

**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	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil

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Name:- Mr. Mohan Devrat	Age :33Y/M	Date :-09/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No322170)	Serial Number :- 091

**Stool Routine And Microscopy**

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Colour	Brownish
Consistency	Semi Solid
Mucus	Nil
Blood	Nil
<b>Chemical Examination</b>	
pH	Acidic
Reducing Sugar	Nil
Occult Blood	N/D
<b>Microscopic Examination</b>	
Pus Cells	3-5 /hpf
Red Blood Cells:	Nil /hpf
OVA/Cyst	Nil
Parasites	Nil

\*\*\*end of report\*\*\*





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Name :- Devbrat Mohan.  
Refd.By:- Dr./Self.

Date :- 09/11/2024  
Sex:- M

Thanks for the kind referral,  
USG of Whole Abdomen

- Liver:-** Liver is enlarged in size [163.2mm] & shows fatty infiltration. No focal lesion seen or Intrahepatic ducts dilation seen. Movement of both domes of diaphragm appears normal.
- 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:-** Mildly enlarged in shape, size & contour. (bipolar length is 111.8mm)
- 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. Grade II.  
Mild splenomegaly.

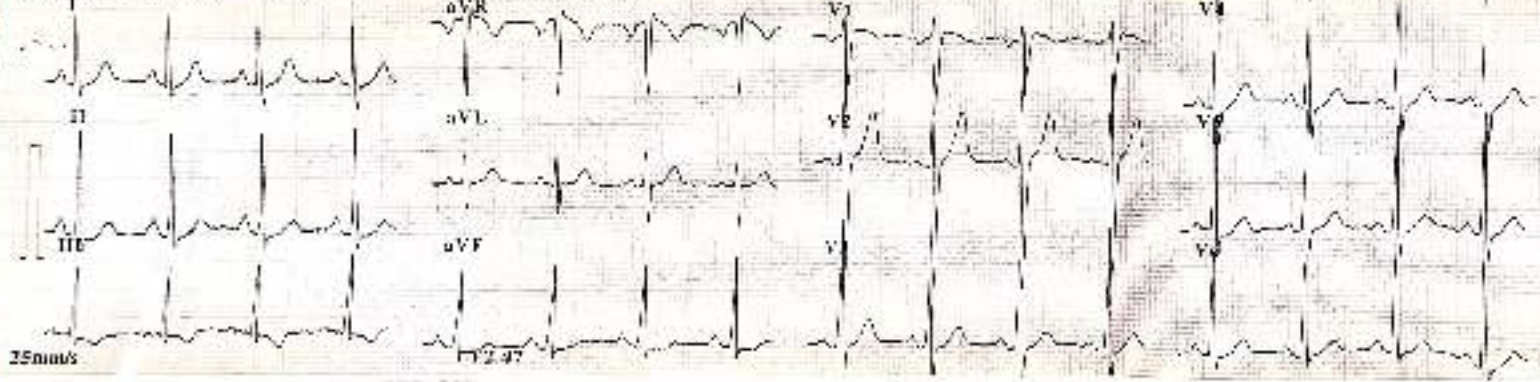
  
Sonologist.





20mm/mV 0.5-75Hz AC50

09.11.2024 13:12:55



ID : 241109-1213  
 Name :  
 Age : 35 yr  
 Sex : Male  
 BP : mmHg  
 Height : cm  
 Weight : kg

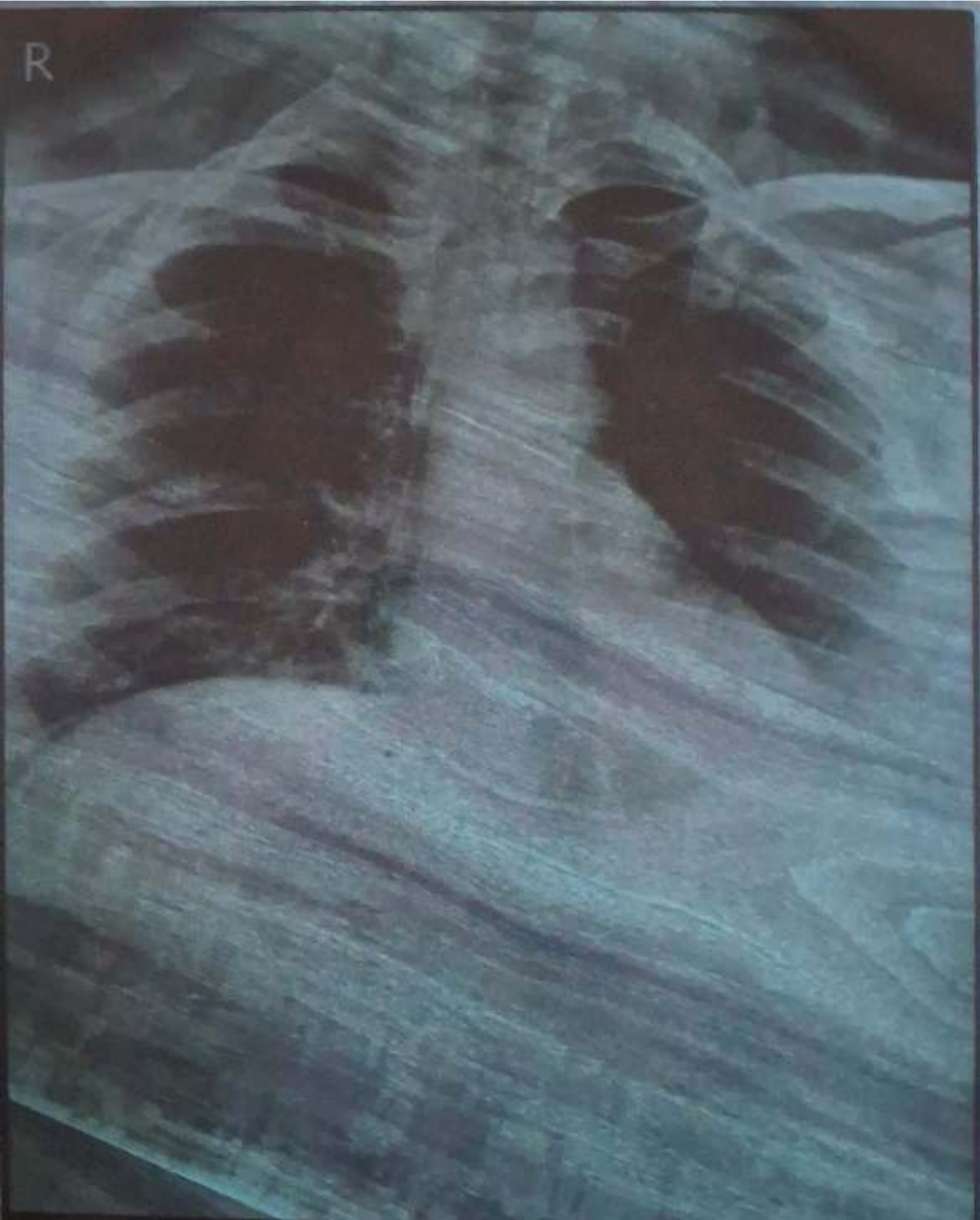
Minireta Code: 941(V3)  
*Sentabatah Adela*

HR : 62 bpm  
 P Dur : 96 ms  
 PR int : 148 ms  
 QRS Dur : 96 ms  
 QT/QTc int : 310/384 ms  
 P/QRS/T axi : 42/66/9 °  
 RV5/SV1 amp : 1.307/0.531 mV  
 RV6/SV1 amp : 1.538 mV  
 RV6/SV2 amp : 0.915/1.154 mV

Diagnosis Information:  
 S99. Sinus Rhythm  
 \*\*\*Normal ECG\*\*\*

Report Confirmed by:

R





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0621-226804  
Mob.: 966117979  
947101340

# ECHOCARDIOGRAPHY REPORT

Name	: Mr. Debrat Mohan	Age/Sex	: 33/M
Date	: 09/11/2024	ECHO No.	:
IPID No.	:	UHID No.	:
Ref. By	: BOB	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	RR Interval _____ msec
	EDG _____ mmHg	MDG _____ mmHg	MVA cm <sup>2</sup>
	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>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.9	(2.0 - 3.7cm)	LAcs 3.4	(1.9 - 4.0cm)
LV es 3.0	(2.2 - 4.0cm)	LV ed 4.4	(3.7 - 5.6cm)
IVS ed 0.8	(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  
 Normal LV Systolic & Diastolic Function  
 No RWMA/LVEF=60%  
 No MR /AR / PR /TR  
 Normal Pericardium

Dr. Anil Kr. Singh  
 Cardiologist

