



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mr. Jai Prakash Singh	Age :44Y/M	Date :-09/03/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No 80926)	Serial Number :- 093

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	12.6	gm/dl	12 - 17
Total Leukocyte Count	8,100	/Cumm.	4000 - 11000
RBC Count	4.34	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	40.3	%	30 - 50
Platelet Count	1.41	Lakhs/c.mm	1.5 - 4.5
MCV	92.9	fl	80 - 100
MCH	29.3	pg	26 - 34
MCHC	31.5	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	16	mm/1 st hr.	00 - 20

end of report


Signature





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Ph.: 0621-2222211
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9471013402

PATHOLOGY REPORT

Name:- Mr. Jai Prakash Singh

Age 44/M

Date :- 09/03/2024

Ref. By :- Dr. Bank Of Baroda

(E.C.No 22225)

Serial Number :- 098

KFT (KIDNEY Function Test) - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNT</u>	<u>Reference Values</u>
S. Urea	24.0	mg/dl	13 - 25
S. Creatinine	0.92	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.20	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	142.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.24	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	96.0	mmol/ltr	94 - 110
S. Calcium	9.30	mg/dl	8.7 - 11.0
S. Uric Acid	6.54	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

end of report

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Name:- Mr. Jai Prakash Singh	Age :44Y/M	Date :-09/03/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No 80926)	Serial Number :- 093

LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>		
S. Total Bilirubin	1.60	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	114.0	U/L	05	-	40
S. SGOT (AST)	135.0	U/L	05	-	40
S.GGT	98.0	U/L	05	-	45
S. Alkaline Phosphatase	144.9	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	7.18	g/dl	6.0	-	8.3
S. Albumin	3.85	g/dl	3.2	-	5.0
S. Globulin	3.33	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	170.0	mg/dl	130 - 200
S. Triglycerides	130.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	42.0	mg/dl	10 - 40
S. HDL-Cholesterol	26.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	102.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.04		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.42		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	70.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	101.0	mg/dl	80 - 160

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Name:- Mr. Jal Prakash Singh	Age :44Y/M	Date :-09/03/2024
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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.80	%

Mean Blood Glucose level (MBG) – 96.16 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

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	124.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.02	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.85	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
end of report

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Name:- Mr. Jai Prakash Singh	Age :44Y/M	Date :-09/03/2024
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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	7.0
(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
end of report	

Signature

NAME :- JAYPRAKASH SINGH.
REFD.BY:- DR. /SELF.

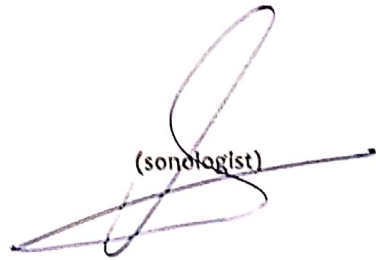
DATE :- 09/03/2024
SEX:- M

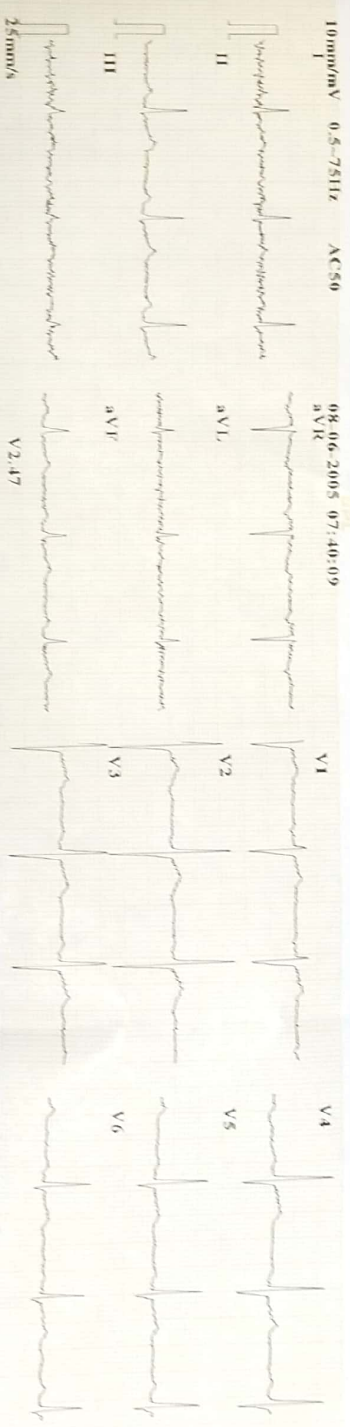
Thanks for the kind referral.
USG of Whole Abdomen

Liver:- **Liver is enlarged in size [17.71cm] and 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. {10.34cm}.
Kidneys:- Rt. Kidney :- 10.76 x 3.69 cm Lt. Kidney :- 10.54 x 4.34 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.
UB:- Urinary bladder is smoothly outlined. There is no calculus within.
prostate:- The prostate is normal in size. Weight:- 20.9grms.
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-II.

(sonologist)





10mm/mV 0.5-75Hz AC-50 08-06-2005 07:40:09

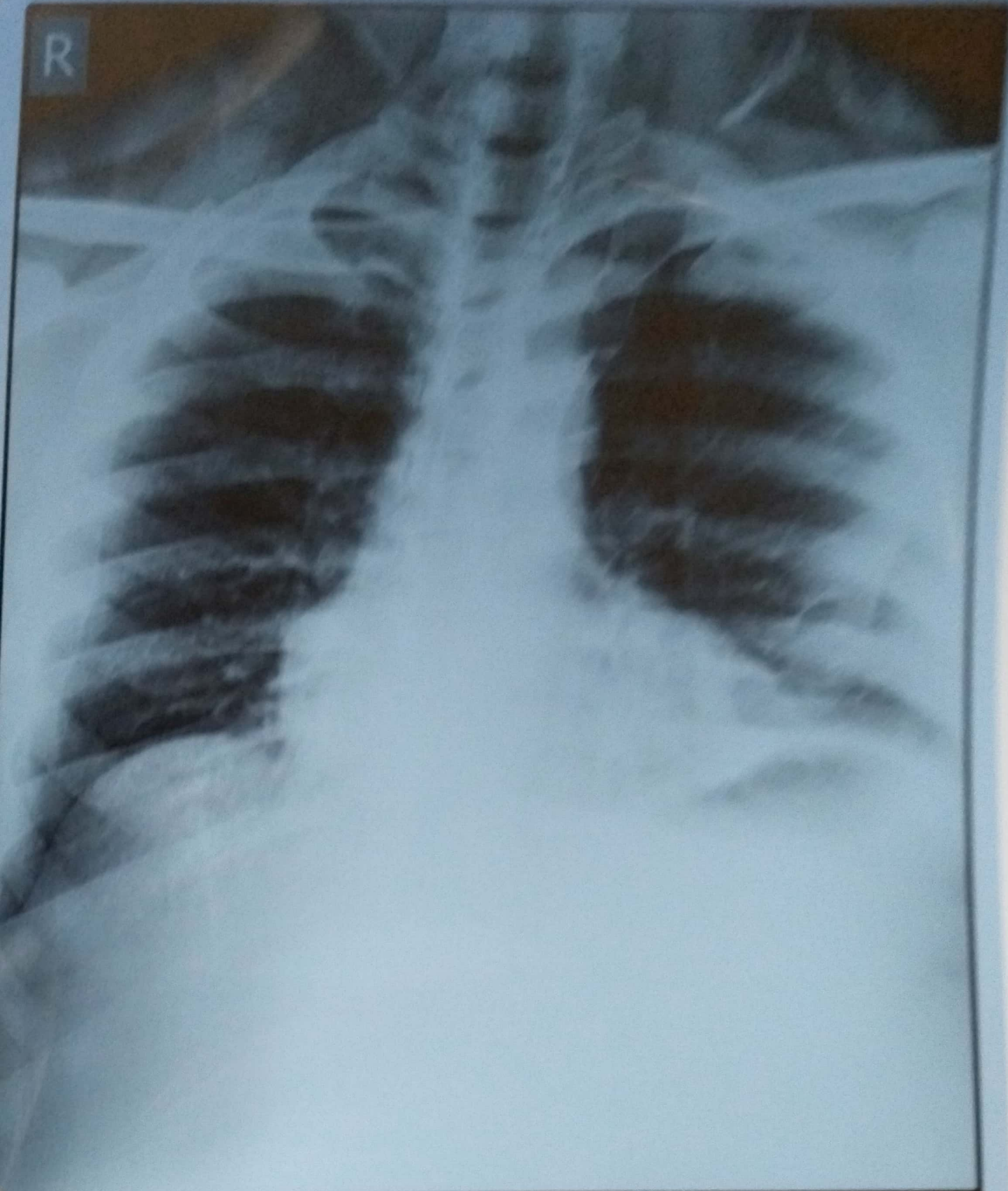
ID : 060608-0792
 Name : *[Signature]*
 Age : 35 yr
 Sex : Male
 BP : mmHg
 Height : cm
 Weight : kg
 HR : 71 bpm
 P Dur : 143 ms
 PR Int : 206 ms
 QRS Dur : 83 ms
 QT/QTc Int : 370/404 ms
 P/QRS/T axis : 63/52/63 °
 RV5/SV1 amp : 1.922/0.864 mV
 RV5+SV1 amp : 1.883 mV
 RV6/SV2 amp : 0.883/1.220 mV

Minnesota Code: *[Signature]*

Diagnosis Information:
 R00: Sinus Rhythm
 Normal ECG

Report Confirmed by:

R



JAIBRAKASH SINGH

44

Male

64.2 %

09-03-24 1:44:44 PM

DR. A. K. SINGH

ART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR



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