



# URMILA HEART & MULTI SPECIALITY HOSPITAL

## Address

Naya Tola, Opp. Polytechnic  
Muzaffarpur  
Ph.: 0621-2222211  
0621-2268042  
Mob.: 9661179794  
9471013402

## PATHOLOGY REPORT

Name:- Mr. Pankaj Kumar	Age :38Y/M	Date :-16/02/2024
Ref. By :- Dr. Bank Of Baroda	(I.C.No101285)	Serial Number :- 0162

### CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	15.0	gm/dl	12 - 17
Total Leukocyte Count	9,100	/Cumm.	4000 - 11000
RBC Count	5.82	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	46.6	%	30 - 50
Platelet Count	1.08	Lakhs/c.mm	1.5 - 4.5
MCV	80.1	fl	80 - 100
MCH	25.9	pg	26 - 34
MCHC	32.4	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophil	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	16	mm/1 <sup>st</sup> hr.	00 - 20

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

Signature





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### KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	29.0	mg/dl	13 - 45
S. Creatinine	1.18	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.54	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	140.1	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	3.90	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	105.3	mmol/ltr	94 - 110
S. Calcium	9.18	mg/dl	8.7 - 11.0
S. Uric Acid	5.40	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

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

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

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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	1.50	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	56.0	U/L	05	-	40
S. SGOT (AST)	49.0	U/L	05	-	40
S. GGT	51.0	U/L	05	-	45
S. Alkaline Phosphatase	144.3	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	6.98	g/dl	6.0	-	8.3
S. Albumin	3.77	g/dl	3.2	-	5.0
S. Globulin	3.21	g/dl	2.8	-	4.5
S. A/G Ratio	1.17				

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### Lipid Profile – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	180.0	mg/dl	130 - 200
S. Triglycerides	140.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	28.0	mg/dl	10 - 40
S. HDL-Cholesterol	46.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	106.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.91		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.30		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	180.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	280.0	mg/dl	80 - 160

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

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	124.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.21	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.90	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>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	6.0
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Present(+++)
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
***end of report***	

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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	8.9	%

Mean Blood Glucose level (MBG) – 210.3 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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## ECHOCARDIOGRAPHY REPORT

Name : Mr. Pankaj Kumar  
Date : 16/02/2024  
IPID No. :  
Ref. By : BOB

Age/Sex : 38/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: \_\_\_\_\_  
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  
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>
Aorta 3.0	(2.0 - 3.7cm)
LV es 4.0	(2.2 - 4.0cm)
IVS ed 1.2	(0.6 - 1.1cm)
RVed	(0.7 - 2.6cm)
LVVd (ml)	
EF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 2.9	(1.9 - 4.0cm)
LV ed 5.4	(3.7 - 5.6cm)
PW (LV) 1.3	(0.6 - 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVd (ml)	
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

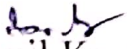
RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM Normal/Thickening/Calcification/Effusion

### COMMENTS & SUMMARY

**Conc. LVH**  
**gd I LV Diastolic Dysfunction**  
**Normal LV Systolic dysfunction**  
**No RWMA/LVEF=60%**  
**No MR/AR/PR/TR**  
**Normal Pericardium**

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

NAME :- PANKAJ KUMAR .  
REFD.BY:- DR. /SELF.

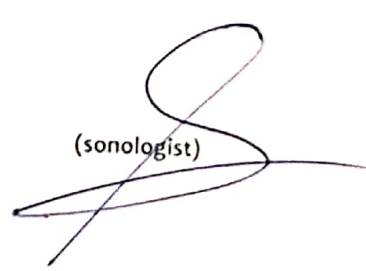
DATE :- 16/02/2024  
SEX:- M

Thanks for the kind referral.  
USG of Whole Abdomen

Liver:- **Liver is enlarged in size [17.37 cm] 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 . **{10.57cm}**.  
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 .

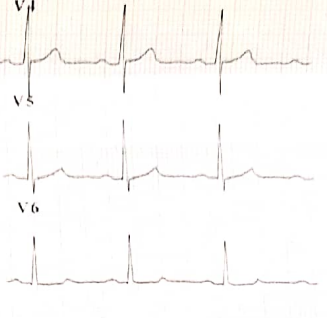
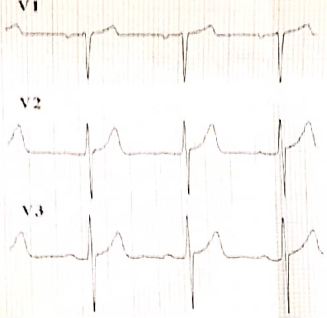
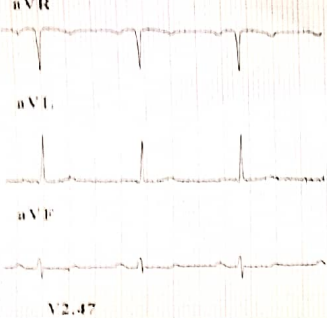
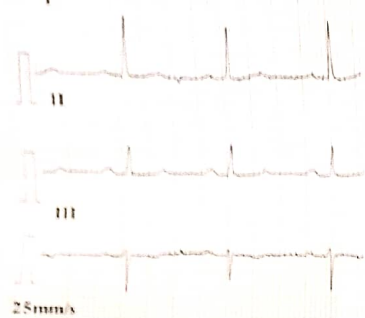
**IMPRESSION :- Hepatomegaly with fatty liver. Grade-II.**

(sonologist)



10mm/mV 0.5-75Hz AC50

08-06-2005 08:33:25



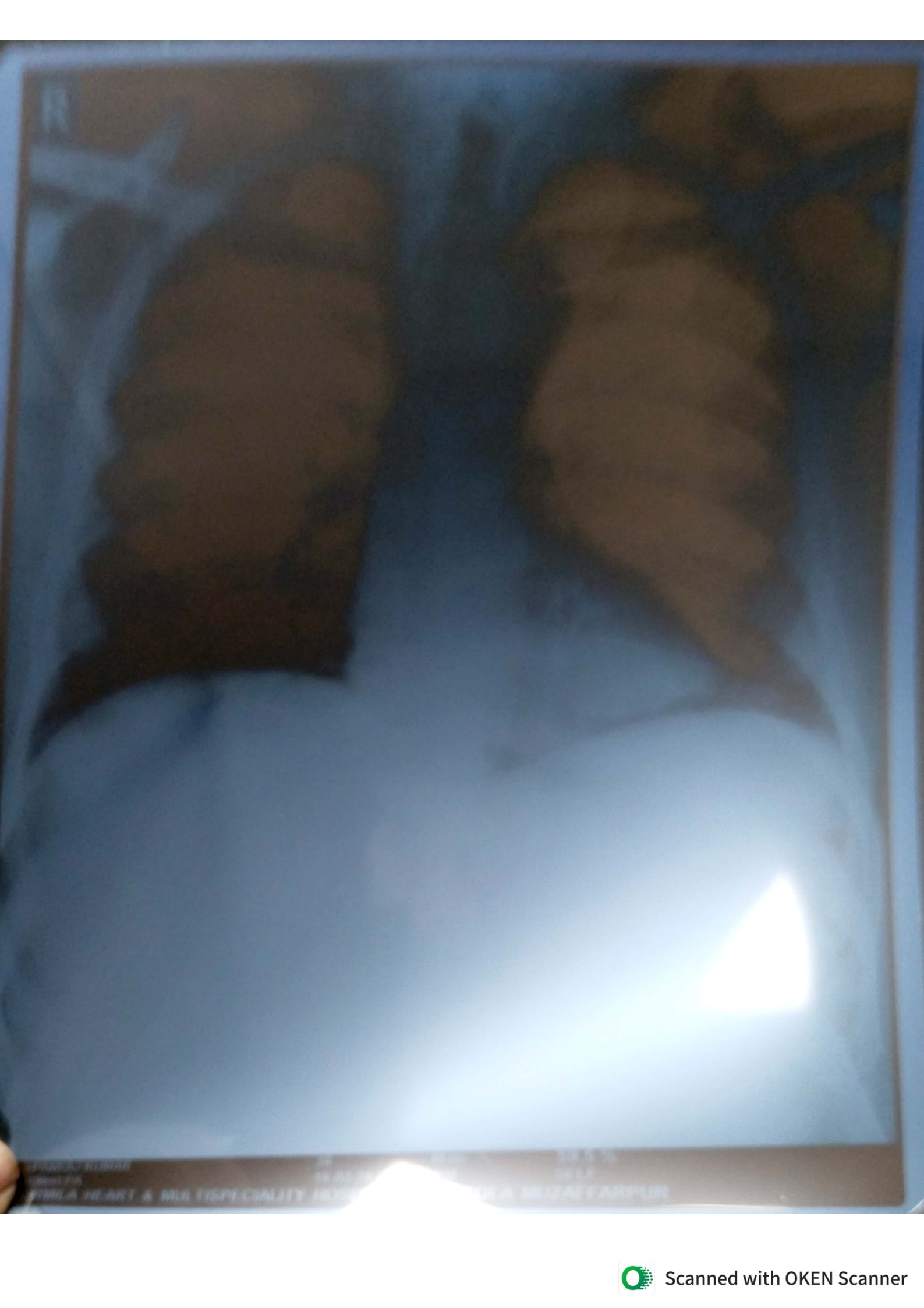
ID : 050608-0833  
 Name :  
 Age : 38 yr  
 Sex : Male  
 BP : mmHg  
 Height : cm  
 Weight : kg  
 HR : 77 bpm  
 P Dur : 106 ms  
 PR int : 170 ms  
 QRS Dur : 81 ms  
 QT/QTc int : 341/386 ms  
 P/QRS/T axis : 60/8/20 °  
 RV5/SV1 amp : 1.204/0.932 mV  
 RV5+SV1 amp : 2.136 mV  
 RV6/SV2 amp : 0.956/0.910 mV

Minnesota Code:  
 5-5-0(1)

*Ranjay Kumar*

Diagnosis Information:  
 800: Sinus Rhythm  
 \*\*\*Normal ECG\*\*\*

Report Confirmed by:



R

PAKISTAN  
HEALTH CARE  
MIZAN HEART & MULTISPECIALITY HOSPITAL, MIZAN MIZANFARPUR

