



# URMILA HEART & MULTI SPECIALITY HOSPITAL

## PATHOLOGY REPORT

### Address

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

Name:- Mr. Vikash Paswan	Age :38Y/M	Date :-22/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No169513)	Serial Number :- 0226

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.0	gm/dl	12 - 17
Total Leukocyte Count	9,200	/Cumm.	4000 - 11000
RBC Count	4.30	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	35.0	%	30 - 50
Platelet Count	1.58	Lakhs/c.mm	1.5 - 4.5
MCV	81.2	fl	80 - 100
MCH	26.0	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	65	%	40 - 70
Lymphocyte	25	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	14	mm/1 <sup>st</sup> 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	26.0	mg/dl	13 - 45
S. Creatinine	0.93	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	139.1	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	4.19	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	103.8	mmol/ltr	94 - 110
S. Calcium	9.28	mg/dl	8.7 - 11.0
S. Uric Acid	4.18	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABO)	:	"B" 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	0.77	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	49.0	U/L	05 - 40
S. SGOT (AST)	47.0	U/L	05 - 40
S.GGT	44.0	U/L	05 - 45
S. Alkaline Phosphatase	98.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.11	g/dl	6.0 - 8.3
S. Albumin	3.98	g/dl	3.2 - 5.0
S. Globulin	3.13	g/dl	2.8 - 4.5
S. A/G Ratio	1.27		

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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	90.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	18.0	mg/dl	10 - 40
S. HDL-Cholesterol	44.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	108.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.86		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.45		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	78.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1 30hrs meal)	110.0	mg/dl	80 - 160

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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	4.59 %

Mean Blood Glucose level (MBG) – 96.02 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	121.6	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.14	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.15	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 is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic 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 TBG concentration, which can be monitored by calculating Free Thyroxine Index (FTI) or Thyroid Hormone Binding Ratio (THBR).  
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### Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Light Yellow
Specific Gravity	1.030
Appearance	Clear
pH	6.5
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Nil
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***	

Signature





## ECHOCARDIOGRAPHY REPORT

Name : **Mr. Vikash Paswan**  
Date : **22/03/2024**  
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>	<u>Measurements</u>	<u>Normal values</u>
Aorta 3.0	(2.0 – 3.7cm)	LAes 2.4	(1.9 – 4.0cm)
LV es 2.2	(2.2 – 4.0cm)	LV ed 3.0	(3.7 – 5.6cm)
IVS ed 0.9	(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)	
EF 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  
 gd I LV Diastolic Dysfunction  
 Normal LV Systolic Function  
 No RWMA/LVEF=60%  
 No MR /AR / PR /TR  
 Normal Pericardium

*Ans. N*  
 Dr. Anil Kr. Singh  
 Cardiologist