

PATHOLOGY REPORT

Name:- Mr. Vijay Kumar	Age :54Y/M	Date :-29/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No68019)	Serial Number :- 0291

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	14.0	gm/dl	12 - 17
Total Leukocyte Count	9,700	/Cumm.	4000 - 11000
RBC Count	5.35	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	45.2	%	30 - 50
Platelet Count	1.55	Lakhs/c.mm	1.5 - 4.5
MCV	84.5	fl	80 - 100
MCH	26.2	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	65	%	40 - 70
Lymphocyte	25	%	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



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

Naya Tola, Opp. Polytechnic
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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	22.0	mg/dl	13 - 45
S. Creatinine	0.85	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	10.27	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	142.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.18	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	99.0	mmol/ltr	94 - 110
S. Calcium	9.18	mg/dl	8.7 - 11.0
S. Uric Acid	4.50	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"AB" 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	0.74	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	24.0	U/L	05 - 40
S. SGOT (AST)	38.0	U/L	05 - 40
S.GGT	31.0	U/L	05 - 45
S. Alkaline Phosphatase	98.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.81	g/dl	6.0 - 8.3
S. Albumin	3.79	g/dl	3.2 - 5.0
S. Globulin	3.02	g/dl	2.8 - 4.5
S. A/G Ratio	1.25		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	190.0	mg/dl	130 - 200
S. Triglycerides	130.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	26.0	mg/dl	10 - 40
S. HDL-Cholesterol	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	114.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.80		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.28		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	118.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	190.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	6.79 %

Mean Blood Glucose level (MBG) – 166.05 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	158.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	8.12	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.18	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).a
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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.030
Appearance	Clear
pH	5.0
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
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ECHOCARDIOGRAPHY REPORT

Name :Mr. Vijay Kumar Age/Sex : 54/M
Date : 29/03/2024 ECHO No. :
IPID No. : UHID No. :
Ref. By :BOB 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 3.1	(2.0 – 3.7cm)
LV es 2.9	(2.2 – 4.0cm)
IVS ed 0.9	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)
LVVd (ml)	
EF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 2.7	(1.9 – 4.0cm)
LV ed 3.8	(3.7 – 5.6cm)
PW (LV) 1.0	(0.6 – 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVs (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

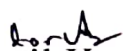
Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

**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**


Dr. Anil Kr. Singh
Cardiologist



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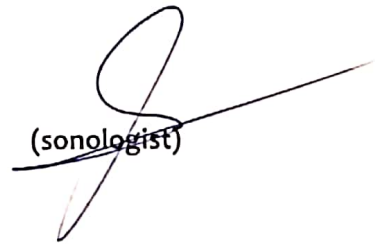
Name :- Vijay Kumar.
Refd.By:- Dr./Self.

Date :- 29/03/2024
Sex:- M

Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is enlarged in size [163.3mm] with fatty infiltration .
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:- Normal in shape, size & contour . (bipolar length is 95.0 mm).
Kidneys:- Both kidneys are normal in shape, size, contour, cortical echo texture, and sinus echoes. **A hypochoic cystic area measuring about 27.5x18.5mm seen in Rt. Kidney.**
UB:- Urinary bladder is smoothly outlined. There is no calculus within.
Prostate :- The prostate is normal in shape and size . Weigyht:-20.1grms.
Free fluid:- No free fluid is noted in the peritoneal cavity.

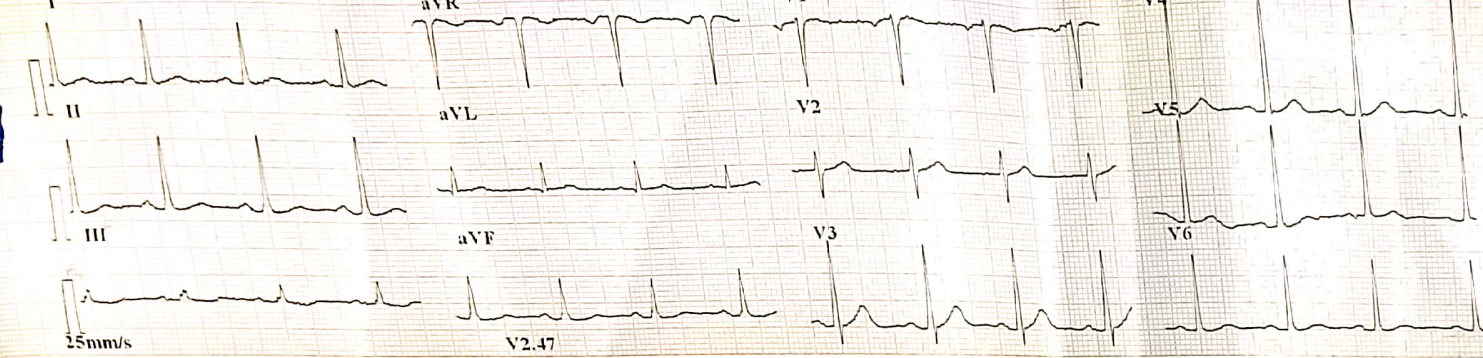
IMPRESSION :-Hepatomegaly with fatty liver. Grade:-II.
Rt. Renal cyst.


(sonologist)



10mm/mV 0.5-75Hz ACS0

08-06-2005 07:23:58



25mm/s
CARDART

V2.47

ID : 050608-0792
 Name :
 Age : 54 yr
 Sex : Male
 BP :
 Height : cm
 Weight : kg
 HR : 85 bpm
 P Dur : 110 ms
 PR int : 177 ms
 QRS Dur : 80 ms
 QT/QTc-int : 318/379 ms
 P/QRS/T axis : 47/39/21 °
 RV5/SV1 amp : 1.834/1.143 mV
 RV5+SV1 amp : 2.977 mV
 RV6/SV2 amp : 1.387/0.489 mV

Minnesota Code:
 5-5-0(II,V5,V6)
 9-4-1(V3)

Vijay Kumar

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed by:

R



VIJAY KUMAR

Chest PA

URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR

54

29-03-24 2:04:12 PM

Ward

53.5 %

DR. A. K. SINGH

