



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mr.Saurabh Kumar	Age :35Y/M	Date :-29/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No125576)	Serial Number :- 0293

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.0	gm/dl	12 - 17
Total Leukocyte Count	8,400	/Cumm.	4000 - 11000
RBC Count	4.47	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	39.4	%	30 - 50
Platelet Count	1.20	Lakhs/c.mm	1.5 - 4.5
MCV	88.8	fl	80 - 100
MCH	26.4	pg	26 - 34
MCHC	31.9	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	22	mm/1 st 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	29.0	mg/dl	13	-	45
S. Creatinine	0.81	mg/dl	Male 0.7	-	1.4
			Female 0.6	-	1.2
S. BUN	13.54	mg/dl	6.0	-	21
S. Sodium (Na ⁺)	138.0	mmol/ltr	135	-	150
S. Potassium(K ⁺)	3.98	mmol/ltr	3.5	-	5.5
S. Chloride(Cl ⁻)	95.0	mmol/ltr	94	-	110
S. Calcium	9.28	mg/dl	8.7	-	11.0
S. Uric Acid	5.56	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	1.01	mg/dl	Adults: 0.1 - 1.2	
			Infants: 1.2 - 12	
S. SGPT (ALT)	80.0	U/L	05 - 40	
S. SGOT (AST)	65.0	U/L	05 - 40	
S.GGT	73.0	U/L	05 - 45	
S. Alkaline Phosphatase	138.3	U/L	Adult -- 25 - 140	
			Children (1 – 12 yrs.) -- 104 - 390	
S. Total Protein	7.11	g/dl	6.0 - 8.3	
S. Albumin	3.99	g/dl	3.2 - 5.0	
S. Globulin	3.12	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	160.0	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	98.0	mg/dl	60	- 150
Ratio of Cholesterol/HDL	3.63		Low Risk: <3.0	
			Average Risk: 03	- 5.0
			High Risk: >5.0	
LDL/HDL Ratio	2.22		1.5	- 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
P. Glucose Fasting	270.0	mg/dl	70	- 110
P. Glucose-Post Prandial (after 1.30hrs meal)	408.0	mg/dl	80	- 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	9.9	%

Mean Blood Glucose level (MBG) – 255.69 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	136.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.15	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.96	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
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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH (Acidic)	6.0
Chemical Examination	
Protein	Nil
Sugar	Present(++++)
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 :Mrs. Saurabh Kumar Age/Sex : 34/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 RR Interval _____ msec
EDG _____ mmHg MDG mmHg MVAc_{m2}
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 2.8	(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 2.6	(1.9 – 4.0cm)
LV ed 3.4	(3.7 – 5.6cm)
PW (LV) 1.1	(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

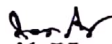
Normal/Enlarged/Clear/Thrombus

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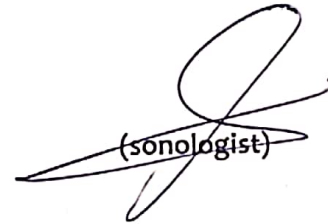
Date :- 29/03/2024
Sex:- M

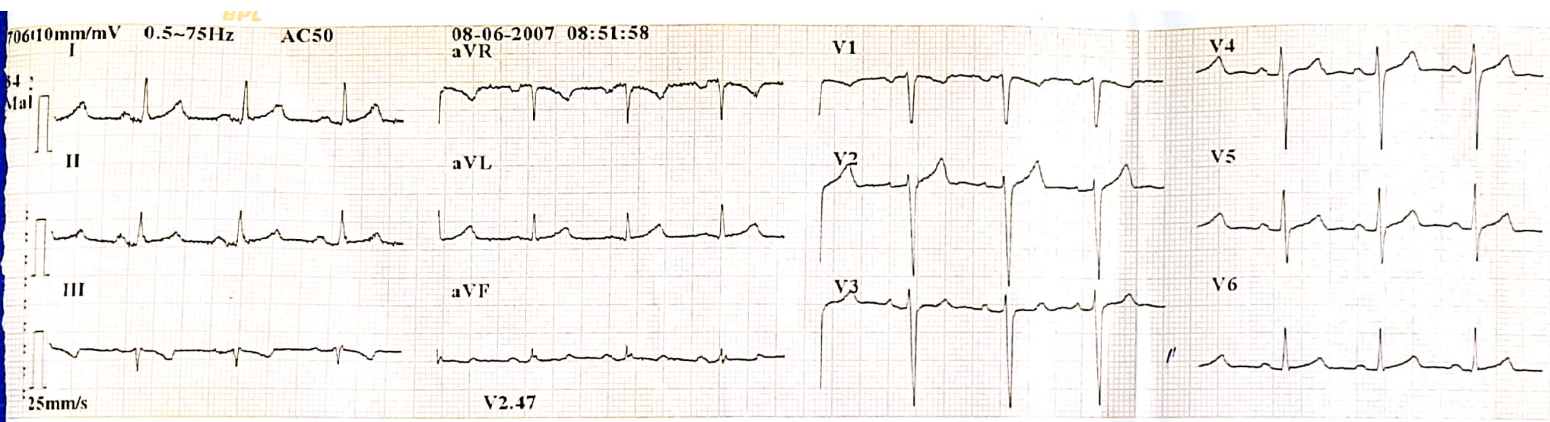
Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is enlarged in size [161.7mm] 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:- Enlarged in shape, size & contour . (bipolar length is 157.0 mm).
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.
Splenomegaly.

Re-scan GB if need after 15 days.


(sonologist)



ID : 070608-0851 Minnesota Code: 9-4-2(V4)

Name : Sourabh Kumar

Age : 34 yr

Sex : Male

BP : mmHg

Height : cm

Weight : kg

HR : 87 bpm

P Dur : 92 ms

PR int : 143 ms

QRS Dur : 104 ms

QT/QTc int : 342/413 ms

°QRS/T axis : 44/28/14 °

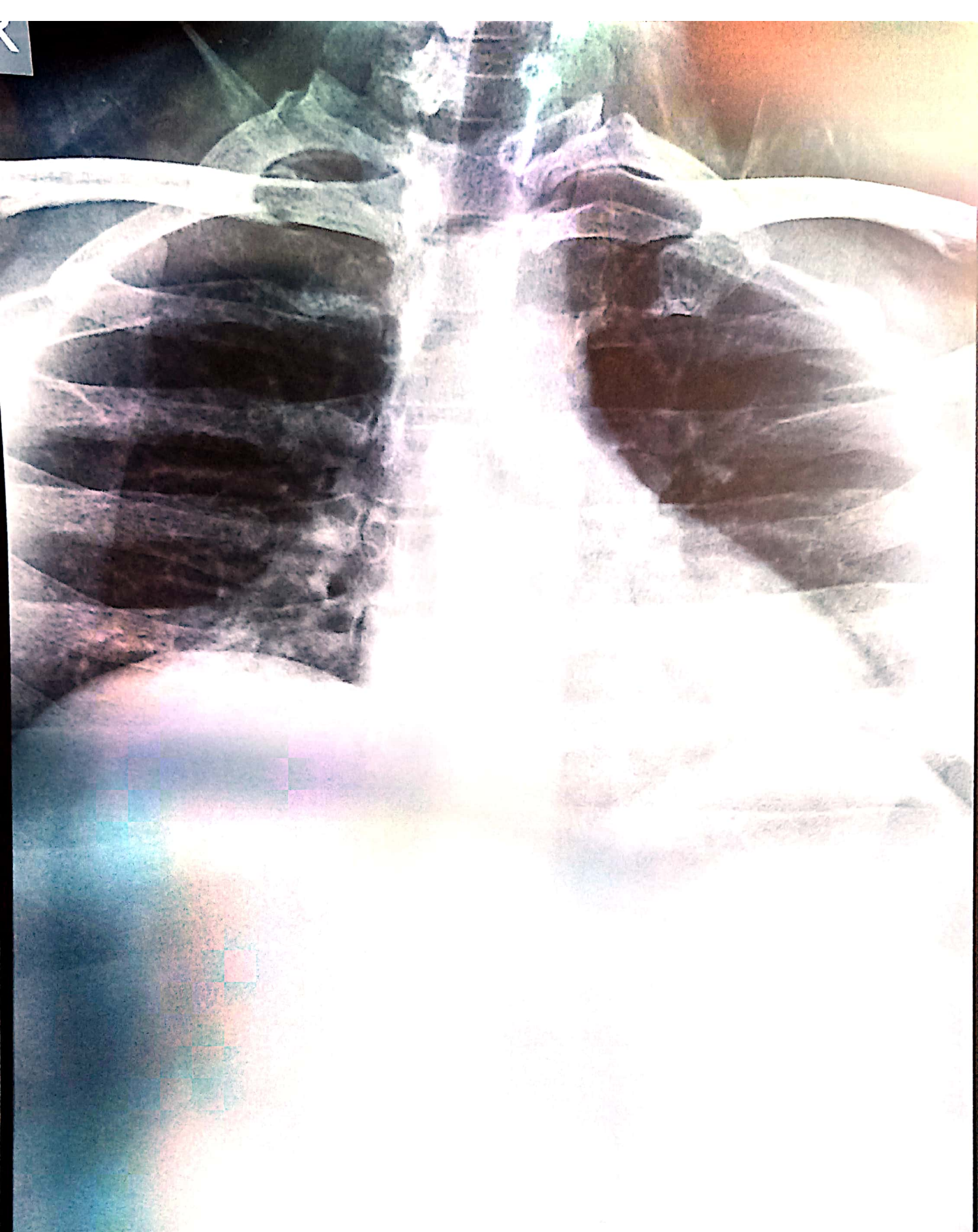
RV5/SV1 amp : 0.768/0.835 mV

RV5+SV1 amp : 1.603 mV

RV6/SV2 amp : 0.745/1.628 mV

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

Report Confirmed by:



SAURAV KUMAR
Chest PA

34 Male
29-03-24 2:06:31 PM

69.4 %
DR. A. K. SINGH

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