



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mr. Ranjeet Kumar	Age :34Y/M	Date :-20/02/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No99588)	Serial Number :- 0202

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	7,800	/Cumm.	4000 - 11000
RBC Count	4.84	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	30.6	%	30 - 50
Platelet Count	2.78	Lakhs/c.mm	1.5 - 4.5
MCV	84.3	fl	80 - 100
MCH	27.1	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	75	%	40 - 70
Lymphocyte	18	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	05	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	24	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	28.0	mg/dl	13 - 45
S. Creatinine	0.87	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	146.2	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.65	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94 - 110
S. Calcium	9.25	mg/dl	8.7 - 11.0
S. Uric Acid	7.41	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"O" 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	0.84	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	29.0	U/L	05 - 40
S. SGOT (AST)	33.0	U/L	05 - 40
S.GGT	39.0	U/L	05 - 45
S. Alkaline Phosphatase	105.3	U/L	Adult – 25 - 140 Children (1 – 12 yrs.) – 104 - 390
S. Total Protein	7.11	g/dl	6.0 - 8.3
S. Albumin	4.05	g/dl	3.2 - 5.0
S. Globulin	3.06	g/dl	2.8 - 4.5
S. A/G Ratio	1.32		

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Date :-20/02/2024

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(E.C.No99588)

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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	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	116.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.95		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.41		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	98.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	136.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	4.50 %

Mean Blood Glucose level (MBG) – 93.0 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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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	6.5
(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
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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	121.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.50	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.12	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

end of report

Signature



ECHOCARDIOGRAPHY REPORT

Name : **Mr. Ranjeet Kumar**
Date : **20/02/2024**
IPID No. :
Ref. By : **BOB**

Age/Sex : **34/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 3.1	(2.0 – 3.7cm)
LV es 2.6	(2.2 – 4.0cm)
IVS ed 1.0	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)
LVVd (ml)	
EF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 3.2	(1.9 – 4.0cm)
LV ed 4.0	(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

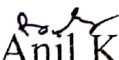
RA Normal/Enlarged/Clear/Thrombus

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 dysfunction
No RWMA/LVEF=60%
No MR/AR/PR/TR
Normal Pericardium


Dr. Anil Kr. Singh
Cardiologist

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

DATE :- 20/02/2024
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in size [16.17 cm] and shows fatty infiltration.
No focal lesion is seen. I.H.B.R. are not dilated.

GB:- Normal distention. Walls are not thickened (3.0 mm) . 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 . (bipolar length is 9.46 cm).

Kidneys:- Rt. Kidney :- 7.37 x 3.69 cm Lt. Kidney :- 8.16 x 4.34 cm
Both kidneys are normal in shape, size, contour, cortical
echo texture, and sinus echoes. **A tiny echogenic bright echoge
measuring about 0.38 cm seen in Rt.kidney.**

UB:- Urinary bladder is smoothly outlined. There is no calculus within.

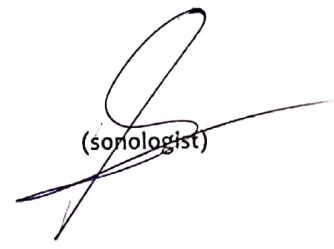
Prostate :- The prostate is normal in shape and size.

Free fluid:- No free fluid is noted in the peritoneal cavity.

Other:- Few fecal gas seen.

Impression :- Hepatomegaly with fatty liver. Grade. II.
Rt. Renal tiny calculus.

(sonologist)



050608 0793

ID Name

Age

Sex

BP

Height

Weight

HR

P Dur

PR int

QRS Dur

QT/QTc int

QT/QTc axis

SV1/SV1 amp

SV2/SV2 amp

Minnesota Code

883

31235

33231A5

041333

Male

mmHg

cm

kg

50 bpm

93 ms

142 ms

109 ms

410.377 ms

34.7342 °

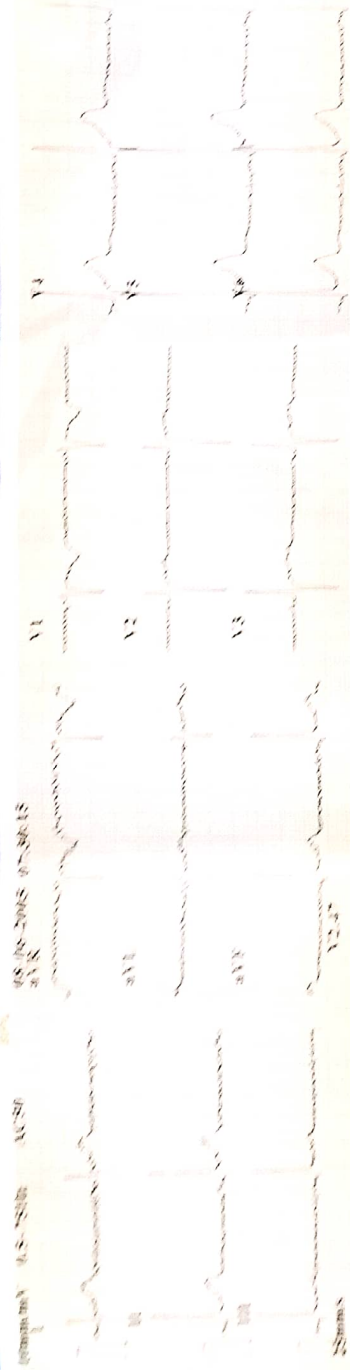
2750.883 mV

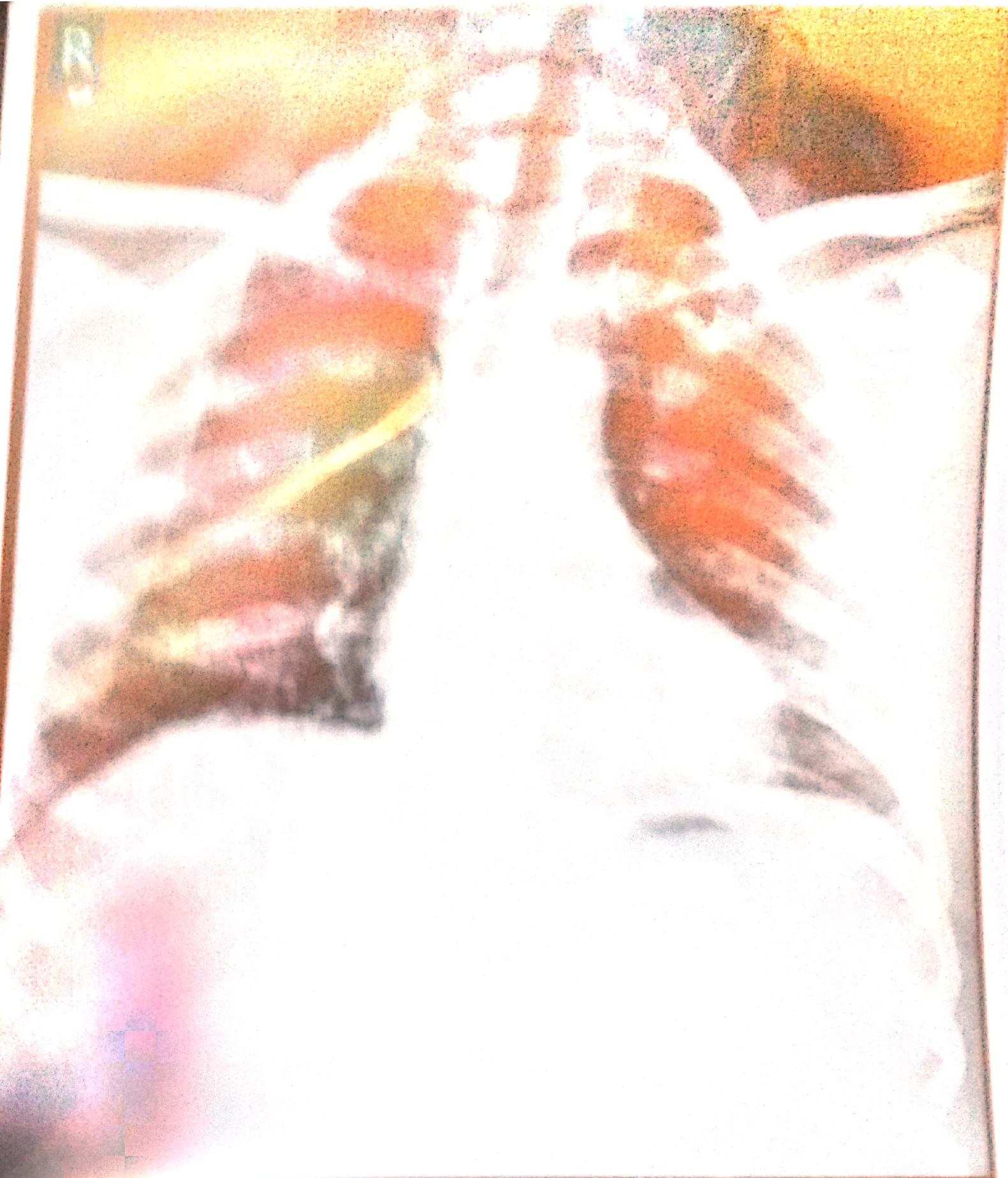
3.622 mV

2.4001295 mV

Diagnosis Information
S11: Sinus Bradycardia
J01: High Voltage (Left Ventricle)

Report Confirmed by





ST 100 64.3 %
20-02-24 3:24:41 PM DR. A. K. SINGH
RV HOSPITAL NAYA TOLA MUZAFFARPUR

