



**URMILA HEART  
& MULTI SPECIALITY HOSPITAL**

**PATHOLOGY REPORT**


**Address**

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

Name:- Mrs.SHALINI	Age :30Y/F	Date :-24/02/2025
Ref. By :- Dr. bank of broda	(E.C.N182888)	Serial number:-0157

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	11.4	gm/dl	12 - 17
Total Leukocyte Count	6,900	/Cumm.	4000 - 11000
RBC Count	3.44	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	34.1	%	30 - 50
Platelet Count	1.30	Lakhs/c.mm	1.5 - 4.5
MCV	99.8	fl	80 - 100
MCH	30.3	pg	26 - 34
MCHC	34.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	24	mm/ 1 <sup>st</sup> hrs	00-20

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

  
Signature





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Name:- Mrs. SHALINI	Age :30Y/F	Date :-27/02/2025
Ref. By :- Dr. Bank Of Baroda	(E.C.No182888)	Serial Number :- 0157

### 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	0.84	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> )	136.4	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	<b>3.85</b>	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	103.3	mmol/ltr	94 - 110
S. Calcium	9.28	mg/dl	8.7 - 11.0
S. Uric Acid	3.98	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABO)	:	<b>"A" Group</b>
Rh Typing	:	<b>Positive.</b>

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Ref. By :- Dr. Bank Of Baroda	(E.C.No182888)	Serial Number :- 0157

### LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>		
S. Total Bilirubin	0.70	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	38.0	U/L	05	-	40
S. SGOT (AST)	31.0	U/L	05	-	40
S.GGT	25.0	U/L	05	-	45
S. Alkaline Phosphatase	91.8	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	6.90	g/dl	6.0	-	8.3
S. Albumin	3.85	g/dl	3.2	-	5.0
S. Globulin	3.05	g/dl	2.8	-	4.5
S. A/G Ratio	1.26				

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### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	260.0	mg/dl	130 - 200
S. Triglycerides	150.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	30.0	mg/dl	10 - 40
S. HDL-Cholesterol	65.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	165.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.00		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.53		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	70.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	115.0	mg/dl	80 - 160

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

  
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Name:- Mrs. SHALINI	Age:30Y/F	Date :-24/02/2025
Ref. By :- Dr. Bank Of Baroda	(E.C.No182888)	Serial Number :- 0157

**GLYCOSYLATED HEMOGLOBIN**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.30	%


Mean Blood Glucose level (MBG) – 99.3 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.

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Age :30Y/F

Date :-24/02/2025

Ref. By :- Dr. Bank Of Baroda

(E.C.No182888)

Serial Number :- 0157

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	132.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.95	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.30	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 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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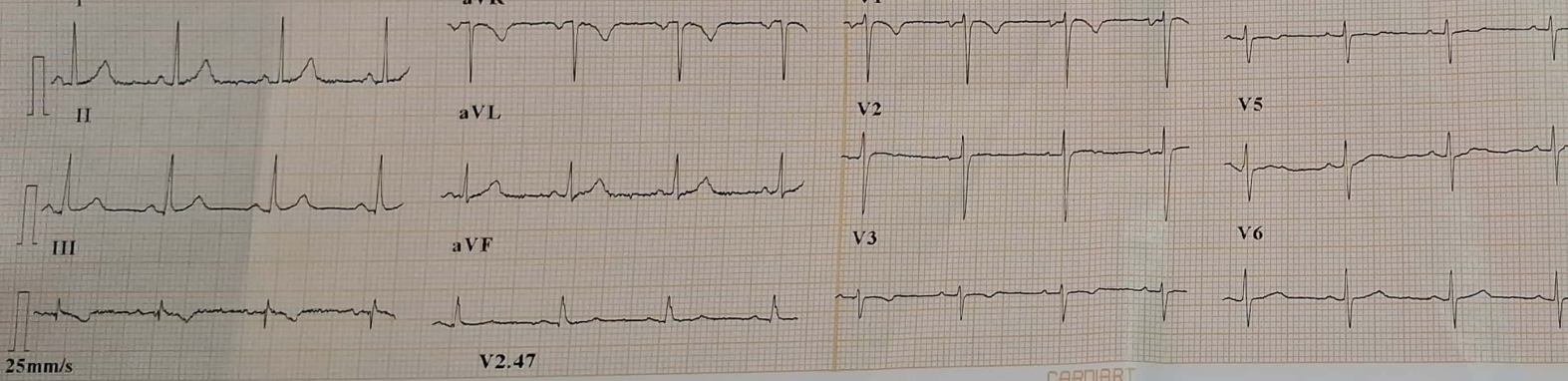
**Urine Routine And Microscopy**

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	YELLOW
Specific Gravity	1.010
Appearance	Clear
pH	5.0
(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	<b>Present (+)</b>
Crystal/Cast	Nil
Other	Nil

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

  
Signature

10mm/mV 0.5-75Hz AC50 24-02-2025 10:03:38



ID : 250224-1003  
 Name :  
 Age : 30 yr  
 Sex : Female  
 BP : mmHg  
 Height : cm  
 Weight : kg

HR : 84 bpm  
 P Dur : 84 ms  
 PR int : 133 ms  
 QRS Dur : 76 ms  
 QT/QTc int : 318/377 ms  
 P/QRS/T axis : 35/34/13 °  
 RV5/SV1 amp : 0.427/1.113 mV  
 RV5+SV1 amp : 1.540 mV  
 RV6/SV2 amp : 0.538/1.123 mV

Minnesota Code: 9-4-2(V4)

*S. Schell*

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

Report Confirmed by:



Name :- Shalini.  
Refd. By :- Dr./SELF.

Date :- 24/02/2025  
Sex :- F

Thanks for the kind referral.  
USG of Whole Abdomen

- Liver:-** Liver is normal in size [130 mm] and shows normal echotexture. No focal lesion is seen. I.H.B.R. are not dilated.  
**GB:-** Gall bladder shows normal wall thickness.  
**C.B.D:-** C.B.D. is normal in calibre.  
**Pancreas:-** Pancreas normal in size shape and echotexture.  
**Spleen:-** The spleen is normal in size 85.4 mm.  
**Kidneys:-** Both Kidneys are normal in size, shape, position. The C.M. differentiation is well maintained and there is no hydronephrosis.  
**UB:-** Urinary bladder is smoothly outlined. There is no calculus.

**Uterus:-** Single, Live, Normal, Intrauterine gestation.

Presentation :- Cephalic at present. Lie = Longitudinal.  
Foetal Heart Rate = 147 B/min

**MEASUREMENTS.**

Biparietal Diameter :- 59.9 mm Head Circumference :- 224.1 mm  
Abdominal Circumference :- 203.1 mm Femur Length :- 44.8 mm

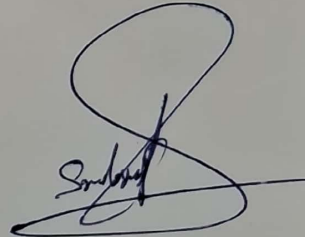
Amniotic fluid :- Adequate.

Placenta :- It is located anterior & shows Grade I maturity at upper segment

E.F.W:- 735 grams  $\pm$  2 SD.

E.D.D:- 14/06/2025  $\pm$  2 SD.

**IMPRESSION:-** Single live intrauterine foetus mean gestation age 24 weeks 2 days.



**DECLARATION :-** I undersigned declare that while conducting ultrasonography / image scanning on the above patient, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

## ECHOCARDIOGRAPHY REPORT

Name : **Mrs. Shalini** Age/Sex : **30/F**  
Date : **24/02/2025** 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>	<u>Measurements</u>	<u>Normal values</u>
Aorta <b>2.5</b>	(2.0 – 3.7cm)	LAes <b>3.4</b>	(1.9 – 4.0cm)
LV es <b>2.5</b>	(2.2 – 4.0cm)	LV ed <b>3.6</b>	(3.7 – 5.6cm)
IVS ed <b>0.9</b>	(0.6 – 1.1cm)	PW (LV) <b>1.1</b>	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
LVEF <b>60%</b>	(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**

*Anil Kr*

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