



**URMILA HEART**  
**& MULTI SPECIALITY HOSPITAL**

**PATHOLOGY REPORT**

**Address**

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

Name:- Mrs. Kavita Kumari	Age :40Y/F	Date :-09/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No116895)	Serial Number :- 093

**CBC (Complete Blood Count)**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	11.8	gm/dl	12 - 17
Total Leukocyte Count	6,900	/Cumm.	4000 - 11000
RBC Count	3.93	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	37.6	%	30 - 50
Platelet Count	1.62	Lakhs/c.mm	1.5 - 4.5
MCV	92.2	fl	80 - 100
MCH	28.2	pg	26 - 34
MCHC	30.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	50	%	40 - 70
Lymphocyte	38	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	24	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	0.84	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> )	142.3	mmol/ltr	135	-	150
S. Potassium(K <sup>+</sup> )	4.14	mmol/ltr	3.5	-	5.5
S. Chloride(Cl <sup>-</sup> )	105.6	mmol/ltr	94	-	110
S. Calcium	9.08	mg/dl	8.7	-	11.0
S. Uric Acid	4.59	mg/dl	Male 3.5	-	7.2
			Female 2.5	-	6.2

### BLOOD GROUPING

Grouping (ABO)	:	"A" Group
Rh Typing	:	Positive.

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Ref. By :- Dr. Bank Of Baroda

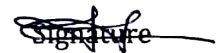
(E.C.No116895)

Serial Number :- 093

### LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Total Bilirubin	0.92	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12	
S. SGPT (ALT)	33.0	U/L	05 - 40	
S. SGOT (AST)	28.0	U/L	05 - 40	
S. Alkaline Phosphatase	91.4	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390	
S. Total Protein	7.14	g/dl	6.0 - 8.3	
S. Albumin	3.98	g/dl	3.2 - 5.0	
S. Globulin	3.16	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	192.0	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	49.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	127.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.91		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.59		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	89.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	116.0	mg/dl	80 - 160

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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.65	%

Mean Blood Glucose level (MBG) = 85.09 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 TRIODOTHYRONINE (T3)	C.L.I.A	118.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.10	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.98	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**

**TEST**

**Physical Examination**

Volume	20 ml
Colour	Light Yellow
Specific Gravity	1.015
Appearance	Clear
pH	5.0

(Acidic)

**Chemical Examination**

Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D

**Microscopic Examination**

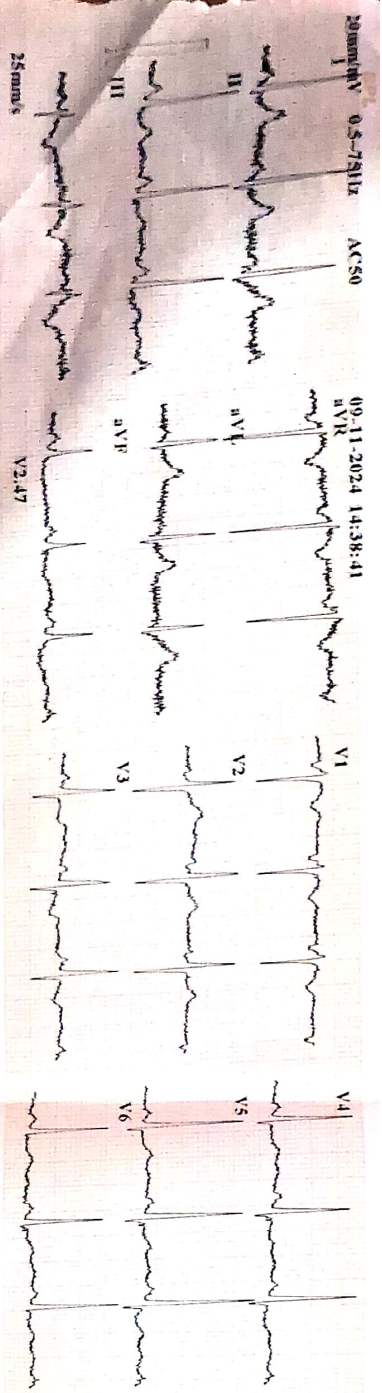
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	<b>Present (+)</b>
Crystal/Cast	Nil
Other	Nil

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

**RESULTS**

*Signature*





ID : 241109-1438  
 Name :  
 Age : 42 yr  
 Sex : Female  
 BP :  
 Height : cm  
 Weight : kg  
 HR : 79 bpm  
 P Dur : 85 ms  
 PR Int : 126 ms  
 QRS Dur : 98 ms  
 QT/QTc Int : 339/389 ms  
 P/QRS/T axis : 49/38/0 °  
 RV5/SV1 amp : 0.992/0.584 mV  
 RV6/SV2 amp : 1.576 mV  
 RV6/SV2 amp : 0.788/0.534 mV

Minnesota Code:  
 4-5-0(V4,V5)  
 9-+1(V3)

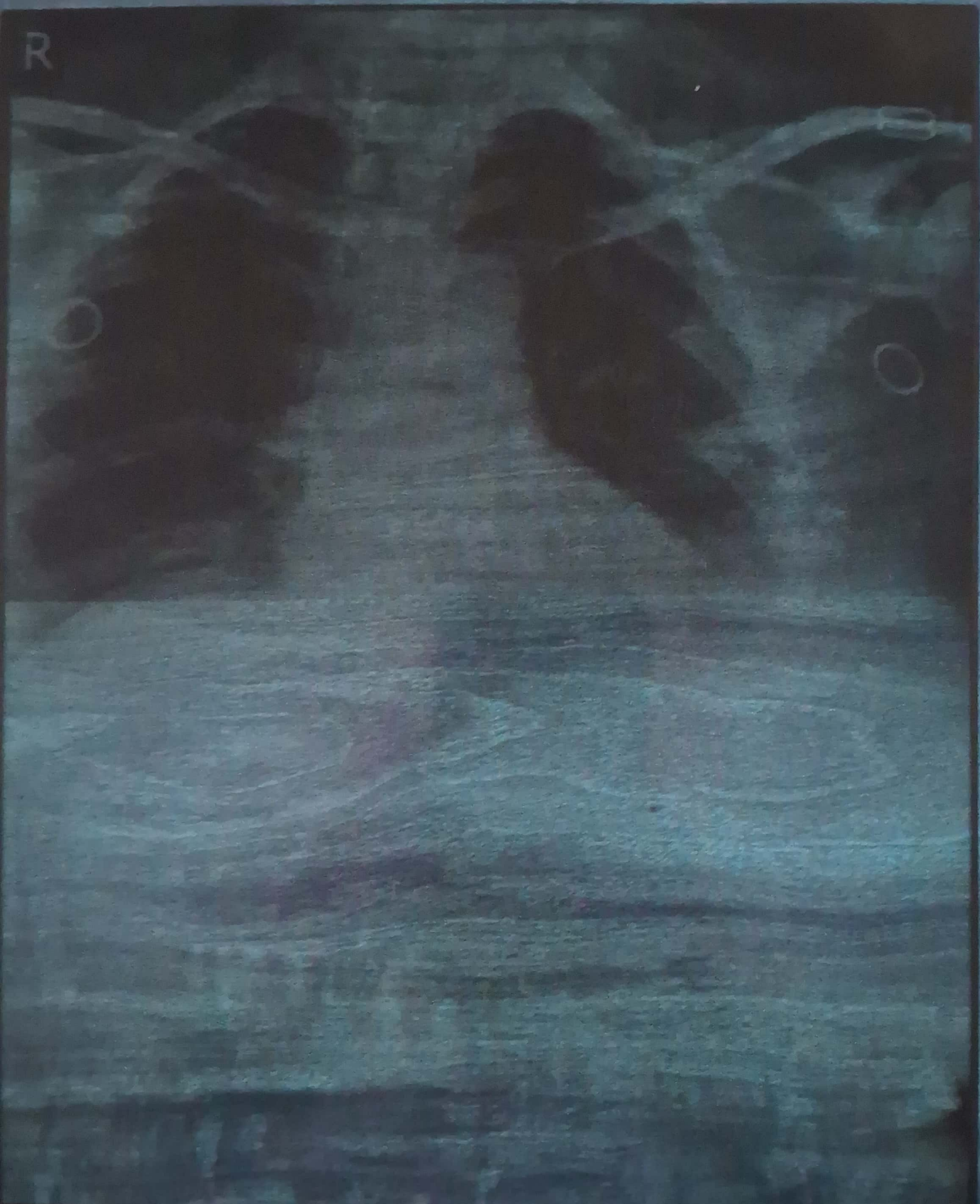
Khaba Devi

Diagnosis Information:  
 800: Sinus Rhythm  
 631: Slight ST-T Abnormality?(V4,V5)

Report Confirmed by:



R





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NAME :- Kavita.  
REFD.BY:- Dr./Self.

DATE :- 09/11/2024  
SEX:- F

Thanks for the kind referral.  
USG of Whole Abdomen

- Liver:** -Liver is enlarged in shape, size [142.9 mm] with shows fatty infiltration.  
Movements of both domes of diaphragm appears normal
- GB:-** Normal distention. Walls are not thickened (2.0 mm) . 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 102.4mm ).
- 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.
- Urinary bladder:-** Urinary bladder wall is thickened. There is no calculus within.
- Uterus:-** Uterus measures 81.1x 32.9 x 33.2 mm. A/V in position .  
Uterus is normal in size and minimal collection seen in endometrium cavity .
- Adnexa:-** Both ovary are normal in shape and size, no mass or cyst seen .
- P.O.D.:-** No collection seen.
- Free fluid :-** No free fluid is noted in the peritoneal cavity.
- OTHERS :-** Few fecal gas seen .

**Impression :-** Hepatomegaly with fatty liver.  
Cystitis.  
Endometrium collection.







<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.3	(2.0 – 3.7cm)	LAes 3.8	(1.9 – 4.0cm)
LV es 3.1	(2.2 – 4.0cm)	LV ed 4.6	(3.7 – 5.6cm)
IVS ed 1.0	(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)	
LVEF 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  
 Normal LV Systolic & Diastolic Function  
 No RWMA/LVEF=60%  
 No MR /AR / PR /TR  
 Normal Pericardium

Dr. Anil Kr. Singh  
 Cardiologist



