



## PATHOLOGY REPORT

Name:- Mrs. Hira Kumari

Age :28Y/F

Date :-27/10/2023

Ref. By :- Dr. Bank Of Barauda

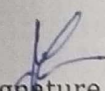
(E.C.No159663)

Serial Number :- 0272

### CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	10.4	gm/dl	12 - 17
Total Leukocyte Count	6,800	/Cumm.	4000 - 11000
RBC Count	3.88	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	33.2	%	30 - 50
Platelet Count	1.20	Lakhs/c.mm	1.5 - 4.5
MCV	85.6	fl	80 - 100
MCH	24.3	pg	26 - 34
MCHC	31.0	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	70	%	40 - 70
Lymphocyte	25	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	03	%	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	25.0	mg/dl	13 - 45
S. Creatinine	0.89	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.67	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	137.5	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	4.05	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	99.3	mmol/ltr	94 - 110
S. Calcium	9.10	mg/dl	8.7 - 11.0
S. Uric Acid	3.69	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABO) : "O" Group

Rh Typing : Positive.

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

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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	0.79	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	32.0	U/L	05	-	40
S. SGOT (AST)	37.0	U/L	05	-	40
S.GGT	34.0	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	3.98	g/dl	3.2	-	5.0
S. Globulin	3.13	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	175.0	mg/dl	130 - 200
S. Triglycerides	110.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	22.0	mg/dl	10 - 40
S. HDL-Cholesterol	44.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	109.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.97		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.47		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	86.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	108.0	mg/dl	80 - 160

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

  
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Ref. By :- Dr. Bank Of Barauda	(E.C.No159663)	Serial Number :- 0272

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	124.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.12	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.85	µIU/mL	(0.3 - 5.5)

**Technology :**

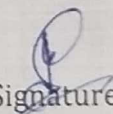
T3 - Competitive Chemi Luminescent Immuno Assay

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



## PATHOLOGY REPORT

Name:- Mrs. Hira Kumari	Age: 28 Y/F	Date: 27/10/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No159663)	Serial Number :- 5272

### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.01	%

Mean Blood Glucose level (MBG) – 95.4 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.

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

Signature



## PATHOLOGY REPORT

Name: - Mrs. Hira Kumari

Age: 28Y/F

Date: -27/10/2023


Ref. By: - Dr. Bani Di Barautia

(E.C.No:159663)

Serial Number: - 0272

### Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Yellow
Specific Gravity	1.010
Appearance	Pt Hazy
pH	6.5
(Acidic)	
<b>Chemical Examination</b>	
Protein	Trace
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
PLS Cells	3-5 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
****end of report****	

  
Signature



## ECHOCARDIOGRAPHY REPORT

Name	: Mrs. Hira kumari	Age/Sex	: 28/F
Date	: 27/10/2023	ECHO No.	:
IPID No.	:	UHID No.	:
Ref. By	: Self	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 2.8	(2.0 - 3.7cm)
LV es 3.0	(2.2 - 4.0cm)
IVS ed 0.7	(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 4.3	(3.7 - 5.6cm)
PW (LV) 0.9	(0.6 - 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVd (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**

*to*  
 Dr. Anil Kr. Singh  
 Cardiologist



# URMILA HEART & MULTI SPECIALITY HOSPITAL

## Address

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

NAME :- HIRA KUMARI.  
REFD BY :- DR./SELF.

DATE :- 27/10/2023  
SEX :- F

Thanks for the kind referral.  
USG of Whole Abdomen

**Liver:-** Liver is normal in size [13.60 cm] and normal echotexture. 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:-** Enlarged in shape, size & contour. (bipolar length is 12.43cm).

**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.

**Uterus:-** Uterus measures 7.65 x 3.79 x 3.39 cm.  
Uterus is normal in size and normal echo texture.

**Adnexa:-** B/L ovaries are normal shape in size.

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

**Other:-** A herniated bowel loops seen in Umbilicus region.

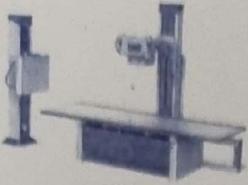
**IMPRESSION :-** Splenomegaly.

A herniated bowel loops seen in Umbilicus region.

S/O Hernia

(sonologist)





# Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date .....

Patient's Name : .....

Part X-Rayed.....

Referred by Dr.....

NAME	HIRA KUMARI	AGE/SEX	28YEARS/ FEMALE
REF BY.	DR.A.K.SINGH.MD	DATE	27.10.2023

## X-RAY REPORT

### CHEST PA VIEWS

#### Findings :-

- Patchy homogeneous opacity noted in right lower lung zone suggestive of consolidation.
- Cardiac silhouette is normal in size.
- Bilateral costophrenic angles are normal.
- Bilateral domes of the diaphragm are normal.
- Bony cage & soft tissues are grossly normal.

#### IMPRESSION :-

- Patchy homogeneous opacity noted in right lower lung zone suggestive of consolidation.

#### Suggested HRCT correlation.

*Ankit*

**Dr. ANKITCHOTALIYA.MD.DMRD.**

Consultant Radiologist

RegNo:MMC-2013/05/1492

#### Disclaimer:

It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medicolegal purpose. Any error in typing should be corrected immediately.

(NOT VALID FOR MEDICO LEGAL PURPOSE)

Facilities Available : 300 MA X-Ray Machine (Digital CR) # Computerised ECG



