



PATHOLOGY REPORT

Name: Mrs. Muskan	Age :31Y/F	Date :-24/06/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109450)	Serial Number :- 0242

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	10.9	gm/dl	12 - 17
Total Leukocyte Count	9,100	/Cumm.	4000 - 11000
RBC Count	4.34	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	35.9	%	30 - 50
Platelet Count	1.64	Lakhs/c.mm	1.5 - 4.5
MCV	82.7	fl	80 - 100
MCH	23.3	pg	26 - 34
MCHC	28.1	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	75	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	03	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	22	mm/1 st hr.	00 - 20

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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>		<u>Referenco Values</u>	
S. Urea	24.0	mg/dl		13	- 45
S. Creatinine	0.72	mg/dl	Male	0.7	- 1.4
			Female	0.6	- 1.2
S. BUN	11.20	mg/dl		6.0	- 21
S. Sodium (Na ⁺)	136.1	mmol/ltr		135	- 150
S. Potassium(K ⁺)	3.63	mmol/ltr		3.5	- 5.5
S. Chloride(Cl ⁻)	95.3	mmol/ltr		94	- 110
S. Calcium	8.80	mg/dl		8.7	- 11.0
S. Uric Acid	7.08	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	0.74	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	30.0	U/L	05 - 40
S. SGOT (AST)	33.0	U/L	05 - 40
S.GGT	26.0	U/L	05 - 45
S. Alkaline Phosphatase	92.6	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.98	g/dl	6.0 - 8.3
S. Albumin	3.72	g/dl	3.2 - 5.0
S. Globulin	3.26	g/dl	2.8 - 4.5
S. A/G Ratio	1.14		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	150.0	mg/dl	130 - 200
S. Triglycerides	70.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	14.0	mg/dl	10 - 40
S. HDL-Cholesterol	38.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	98.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.94		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.57		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	95.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	119.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.6	%

Mean Blood Glucose level (MBG) – 90.5 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	121.6	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.10	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.86	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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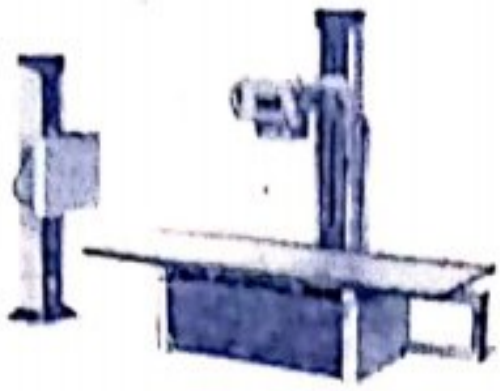
Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	6.0
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
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

end of report

Signature





Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed:

Referred by Dr.

PATIENT ID	: 246202305	PATIENT NAME	: MUSKAN
AGE	: -31Y	SEX	: Female
REF. PHY.	: DR A K SINGH MD	STUDY DATE	: 24-Jun-2023

RADIOLOGY REPORT EXAM: X RAY CHEST PA

CLINICAL HISTORY:

COMPARISON:

None.

TECHNIQUE:

Frontal projections of the chest were obtained.

FINDINGS:

Both lung fields are clear.
Both costophrenic angles appear normal.
The tracheal lucency is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

IMPRESSION:

1. The study is within normal limits.

Dr Umesh Chitte
Consultant Radiologist
MBBS, DMRE
Regn No. 2016/10/4195

Dr Umesh Chitte
24th Jun 2023

(NOT VALID FOR MEDICO LEGAL PURPOSE)

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



Scanned with OKEN Scanner



URMILA HEART
& MULTI SPECIALITY HOSPITAL

Address

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

NAME :- MUSKAN.
REFD.BY:- DR./SELF.

DATE :- 24/06/2023
SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is Normal in size [14.06 cm] and shows 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:- Normal in shape, size & contour . (bipolar length is 10.06 cm).

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 8.23 x 3.10 x 2.12cm.
Uterus is normal in size and normal echo texture.

Adnexa:- Both ovary are normal .

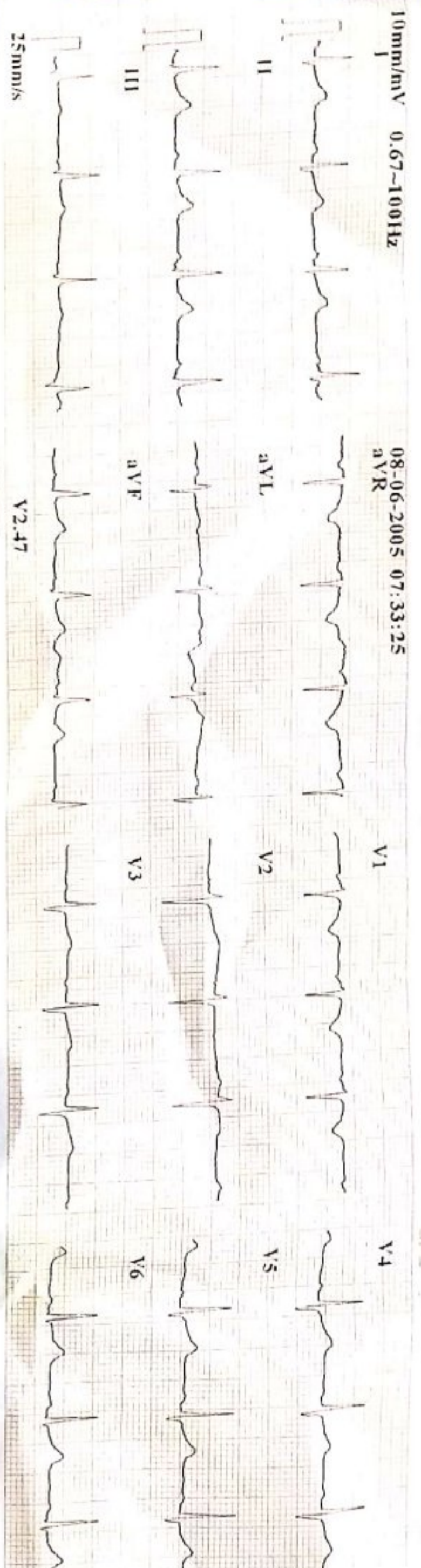
Free fluid:- No free fluid is noted in the peritoneal cavity.

Other :- Few fecal gas seen in abdominal cavity .

IMPRESSION :- Normal study.


(sonologist)





10mm/mV 0.67-100Hz
 08-06-2005 07:33:25
 aVR

ID : 050608-0733
 Name : *Muskan*
 Age : 31 yr
 Sex : Female
 BP :
 Height : cm
 Weight : kg

HR : 83 bpm
 p Dur : 83 ms
 PR int : 125 ms
 QRS Dur : 88 ms
 QT/QTc int : 354/417 ms
 p/QRST axis : 16/64/38 °
 RV5/SV1 amp : 0.904/0.644 mV
 RV5+SV1 amp : 1.548 mV
 RV6/SV2 amp : 0.858/0.813 mV

Minnesota Code:
 9-4-1(V3)

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed by:

ECHOCARDIOGRAPHY REPORT

Name : Mrs. Muskan
Date : 24/06/2023
IPID No. :
Ref. By : Self

Age/Sex : 31/F
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 2.9	(2.0 – 3.7cm)
LV es 3.1	(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 3.4	(1.9 – 4.0cm)
LV ed 4.3	(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
Normal LV Systolic & Diastolic Function
No RWMA/LVEF=60%
No MR/AR /PR/TR
Normal Pericardium


Dr. Anil Kr. Singh
Cardiologist