



## PATHOLOGY REPORT

Name: Mrs. Vandana Kumari	Age :45Y/F	Date :-13/10/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No158373)	Serial Number :- 0131

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	12.0	gm/dl	12 - 17
Total Leukocyte Count	6,100	/Cumm.	4000 - 11000
RBC Count	3.92	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	36.8	%	30 - 50
Platelet Count	1.58	Lakhs/c.mm	1.5 - 4.5
MCV	93.9	fl	80 - 100
MCH	28.0	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	58	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1 <sup>st</sup> hr.	00 - 20

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

Signature



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### KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	24.0	mg/dl	13 - 45
S. Creatinine	0.81	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.20	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	140.0	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	4.33	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	101.8	mmol/ltr	94 - 110
S. Calcium	9.10	mg/dl	8.7 - 11.0
S. Uric Acid	4.33	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

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

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

Signature



# URMILA HEART & MULTI SPECIALITY HOSPITAL

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### LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>		
S. Total Billrubin	0.79	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	30.0	U/L	05	-	40
S. SGOT (AST)	38.0	U/L	05	-	40
S.GGT	34.0	U/L	05	-	45
S. Alkaline Phosphatase	95.3	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	7.05	g/dl	6.0	-	8.3
S. Albumin	3.98	g/dl	3.2	-	5.0
S. Globulin	3.07	g/dl	2.8	-	4.5
S. A/G Ratio	1.29				

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### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	180.0	mg/dl	130 - 200
S. Triglycerides	105.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	21.0	mg/dl	10 - 40
S. HDL-Cholesterol	46.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	113.0	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	2.45		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	80.0	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	4.11	%

Mean Blood Glucose level (MBG) – 99.8 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	121.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.04	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.82	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

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	6.0
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
***end of report***	

Signature



## ECHOCARDIOGRAPHY REPORT

Name	: Mrs. Vandhana Kumari	Age/Sex	: 46/F
Date	: 14/10/2023	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	MVAcm <sup>2</sup>
	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 2.5	(2.0 – 3.7cm)
LV es 2.7	(2.2 – 4.0cm)
IVS ed 0.6	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)
LVVd (ml)	
EF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAs 2.9	(1.9 – 4.0cm)
LV ed 3.9	(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

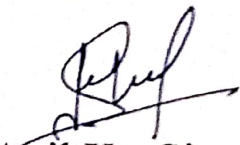
RA Normal/Enlarged/Clear/Thrombus

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

  
Dr. Anil Kr. Singh  
Cardiologist

**NAME :- VANDANA KUMARI.**  
**REFD.BY:- DR./SELF.**

**DATE :- 13/10/2023**  
**SEX:- F**

**Thanks for the kind referral.**  
**USG of Whole Abdomen**

**Liver:-** Liver is normal in size [13.70 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:-** Normal in shape, size & contour . (bipolar length is 8.91cm).

**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.

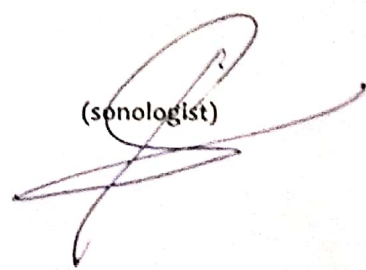
**Uterus:-** Uterus measures 7.45 x 3.77 x 3.39 cm.  
Uterus is normal in size and normal echo texture.

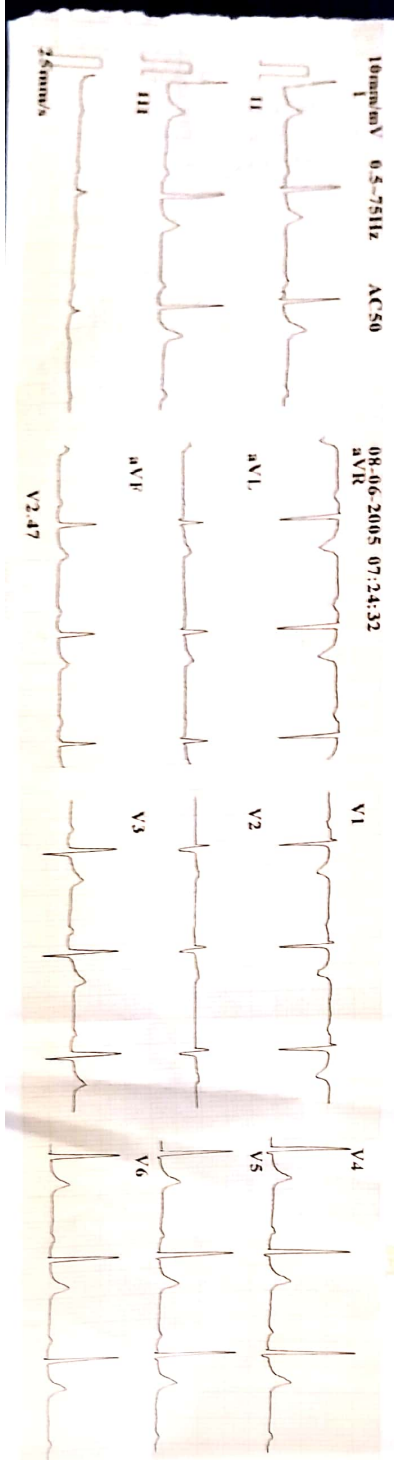
**Adnexa:-** B/L ovaries are normal shape in size.

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

**IMPRESSION :- Normal Study.**

(sonologist)





ID : 050608-0792  
 Name :  
 Age : 45 yr  
 Sex : Female  
 BP : mmHg  
 Height : cm  
 Weight : kg  
 HR : 72 bpm  
 P Dur : 107 ms  
 P-R Int : 176 ms  
 QRS Dur : 73 ms  
 QT/QTc Int : 326/357 ms  
 P/QRS/T axis : 49/44/36 °  
 RV5/RSV1 amp : 1.486/0.989 mV  
 RV5/RSV1 amp : 2.475 mV  
 RV6/RSV2 amp : 1.363/0.325 mV

Minnesota  
 9-4-1(V3)  
*Abalos*

Diagnosis :  
 800: Sinus Rhyth  
 \*\*\*Normal ECG\*\*\*

Report Confirmed by:





# Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date .....

Patient's Name : .....

Part X-Rayed.....

Referred by Dr.....

NAME	VANDANA KUMARI	AGE/SEX	45YEARS/ FEMALE
REF BY.	DR. A. K. SINGH.MD	DATE	13.10.2023

## X- RAY REPORT

### CHEST PA VIEWS

#### Findings :-

- Bilateral Lungs Fields Are Clear.
- 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 :- NORMAL STUDY.

Please correlate clinically

*Surupa Chowdhury*

Dr.Surupa Chowdhury.  
(Consultant Radiologist).  
MBBS, DMRD, MD(PATHOLOGY)  
Regd No. 52096.

#### Disclaimer:

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(NOT VALID FOR MEDICO LEGAL PURPOSE)

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