

PATHOLOGY REPORT

| | | |
|--------------------------------|----------------|-----------------------|
| Name:- Mr.Juli Kumari | Age :33Y/F | Date :-24/06/2023 |
| Ref. By :- Dr. Bank Of Barauda | (E.C.No104562) | Serial Number :- 0244 |

| TEST | CBC (Complete Blood Count) | | Reference Values |
|-------------------------------------|----------------------------|------------------------|------------------|
| | RESULT | UNIT | |
| Hb (Haemoglobin) | 10.8 | gm/dl | 12 - 17 |
| Total Leukocyte Count | 5,400 | /Cumm. | 4000 - 11000 |
| RBC Count | 4.10 | Million/Cumm. | 3.8 - 5.8 |
| PCV / Haematocrit | 35.1 | % | 30 - 50 |
| Platelet Count | 1.28 | Lakhs/c.mm | 1.5 - 4.5 |
| MCV | 85.6 | fl | 80 - 100 |
| MCH | 24.6 | pg | 26 - 34 |
| MCHC | 30.8 | gm/dl | 31.5 - 35 |
| Differential Leukocyte Count | | | |
| Neutrophil | 60 | % | 40 - 70 |
| Lymphocyte | 30 | % | 20 - 40 |
| Monocyte | 02 | % | 02 - 10 |
| Eosinophi | 08 | % | 01 - 06 |
| Basophil | 00 | % | <1 - 2 % |
| ESR | 18 | 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>Reference Values</u> |
|-------------------------------|---------------|-------------|------------------------------------|
| S. Urea | 25.0 | mg/dl | 13 - 45 |
| S. Creatinine | 0.87 | mg/dl | Male 0.7 - 1.4 Female 0.6 - 1.2 |
| S. BUN | 11.67 | mg/dl | 6.0 - 21 |
| S. Sodium (Na ⁺) | 138.5 | mmol/ltr | 135 - 150 |
| S. Potassium(K ⁺) | 4.26 | mmol/ltr | 3.5 - 5.5 |
| S. Chloride(Cl ⁻) | 96.3 | mmol/ltr | 94 - 110 |
| S. Calcium | 8.91 | mg/dl | 8.7 - 11.0 |
| S. Uric Acid | 7.98 | 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 | 0.92 | mg/dl | Adults: 0.1 - 1.2 Infants: 1.2 - 12 |
| S. SGPT (ALT) | 38.0 | U/L | 05 - 40 |
| S. SGOT (AST) | 37.0 | U/L | 05 - 40 |
| S.GGT | 35.0 | U/L | 05 - 45 |
| S. Alkaline Phosphatase | 91.6 | U/L | Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390 |
| S. Total Protein | 6.92 | g/dl | 6.0 - 8.3 |
| S. Albumin | 3.78 | g/dl | 3.2 - 5.0 |
| S. Globulin | 3.14 | g/dl | 2.8 - 4.5 |
| S. A/G Ratio | 1.20 | | |

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Lipid Profile – serum

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>Reference Values</u> |
|--------------------------|---------------|-------------|---|
| S. Cholesterol | 252.0 | mg/dl | 130 - 200 |
| S. Triglycerides | 145.0 | mg/dl | Fasting: 25 - 160 |
| S. VLDL-Cholesterol | 29.0 | mg/dl | 10 - 40 |
| S. HDL-Cholesterol | 54.0 | mg/dl | Male: 30 - 65 Female: 35 - 80 |
| S. LDL-Cholesterol | 169.0 | mg/dl | 60 - 150 |
| Ratio of Cholesterol/HDL | 4.66 | | Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0 |
| LDL/HDL Ratio | 3.12 | | 1.5 - 3.5 |

BIOCHEMISTRY

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>Reference Values</u> |
|--|---------------|-------------|-------------------------|
| P. Glucose Fasting | 85.0 | mg/dl | 70 - 110 |
| P. Glucose-Post Prandial (after 1.30hrs meal) | 102.0 | mg/dl | 80 - 160 |

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GLYCOSYLATED HEMOGLOBIN

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> |
|-------------|---------------|-------------|
| HbA1c | 4.8 | % |

Mean Blood Glucose level (MBG) – 92.6 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 | 124.6 | ng/dL | (60 - 200) |
| TOTAL THYROXINE (T4) | C.L.I.A | 6.86 | µg/dL | (4.5 - 12.0) |
| THYROID STIMULATING HORMONE (TSH) | C.L.I.A | 2.81 | µIU/mL | (0.3 - 5.5) |

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwisch 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

TEST

Physical Examination

Volume

20 ml

Colour

Deep Yellow

Specific Gravity

1.015

Appearance

Hazy

pH

7.5

(Acidic)

Chemical Examination

Protein

Nil

Sugar

Nil

Bile Salts

N/D

Bile Pigments

N/D

Microscopic Examination

Pus Cells

3-5 /hpf

Red Blood Cells

Nil /hpf

Epithelial Cells

Present (+)

Crystal/Cast

Nil

Other

Nil

end of report

Signature

NAME :- JULI KUMARI.
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 [13.76 cm] and shows normal echotexture.
No focal lesion is seen. I.H.B.R. are not dilated.
Normal distention. Walls are not thickened (3.0 mm) . No evidence of calculus ,sludge ,or mass lesion seen.

GB:-

C.B.D. is normal in caliber.

C.B.D:-

Pancreas normal in size shape and echo texture.

Pancreas:-

Normal in shape, size & contour . (bipolar length is 9.70 cm).

Spleen:-

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.

Kidneys:-

Urinary bladder is smoothly outlined. There is no calculus within.

UB:-

Uterus measures 7.39 x 3.30 x 2.39cm.

Uterus:-

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)

ECHOCARDIOGRAPHY REPORT

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

Age/Sex : 32/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: _____ A>E
Doppler Normal/Abnormal E>A RRInterval _____ msec
Mitral Stenosis Present/Absent MVAcM2
EDG _____ mmHg Absent/Trivial/Mild/Moderate/Severe.
Mitral Regurgitation

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler Normal/Abnormal Present/Absent RR interval _____ msec
Tricuspid stenosis mmHg MDG _____ mmHg
EDG mmHg Absent/Trivial/Mild/Moderate/Severe Fragmented signals
Tricuspid regurgitation: Pred. RVSP=RAP+ mmHg
Velocity msec.

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation. Level
Doppler Normal/Abnormal. Pulmonary stenosis Present/Absent Pulmonary annulus _____ mm
Pulmonary regurgitation PSG _____ mmHg
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 Present/Absent Level
Aortic Stenosis PSG mmHg Aortic annulus _____ mm
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements

Aorta 2.7
LV es 2.7
IVS cd 0.9
RV ed
LVVd (ml)
EF 60%

Normal Values

(2.0 - 3.7cm)
(2.2 - 4.0cm)
(0.6 - 1.1cm)
(0.7 - 2.6cm)
(54%-76%)

Measurements

LAes 3.2
LV ed 4.0
PW (LV) 1.1
RV Anterior wall
LVVs (ml)
IVS motion

Normal values

(1.9 - 4.0cm)
(3.7 - 5.6cm)
(0.6 - 1.1cm)
(upto 5 mm)

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

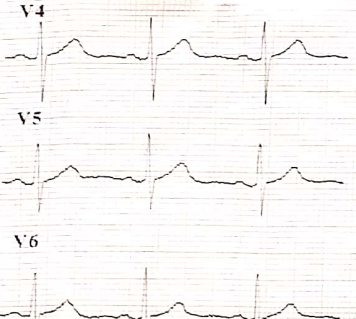
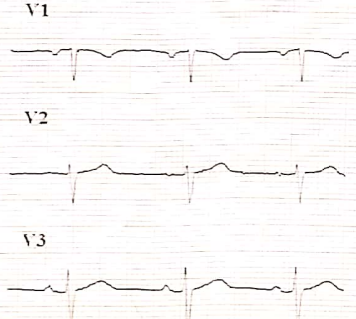
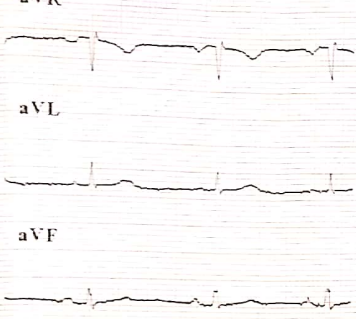
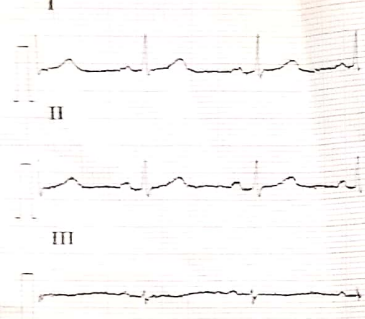
Anil Kr. Singh
Dr. Anil Kr. Singh
Cardiologist



10mm/mV 0.67-100Hz

08-06-2005 07:39:30

EPL



25mm/s

V2.47

ID : 050608-0739
 Name : *Tejinder*
 Age : 32 yr
 Sex : Female
 BP : mmHg
 Height : cm
 Weight : kg
 HR : 70 bpm
 P Dur : 93 ms
 PR int : 151 ms
 QRS Dur : 84 ms
 QT/QTc int : 373/404 ms
 P/QRS/T axis : 52/29/33 °
 RV5/SV1 amp : 0.798/0.579 mV
 RV5+SV1 amp : 1.377 mV
 RV6/SV2 amp : 0.845/0.517 mV

Minnesota Code: 9-4-2(V4)

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

Report Confirmed by: