

## PATHOLOGY REPORT

Name:- Mrs. Alka Kumari	Age :35Y/F	Date :-25/11/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No165063)	Serial Number :- 0252

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	11.2	gm/dl	12 - 17
Total Leukocyte Count	7,400	/Cumm.	4000 - 11000
RBC Count	4.14	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	33.7	%	30 - 50
Platelet Count	1.95	Lakhs/c.mm	1.5 - 4.5
MCV	81.4	fl	80 - 100
MCH	26.3	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	16	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	0.84	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> )	139.2	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	4.14	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	103.8	mmol/ltr	94 - 110
S. Calcium	9.23	mg/dl	8.7 - 11.0
S. Uric Acid	3.49	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABO)	:	"B" 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	0.76	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05 - 40
S. SGOT (AST)	33.0	U/L	05 - 40
S.GGT	27.4	U/L	05 - 45
S. Alkaline Phosphatase	83.6	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.92	g/dl	6.0 - 8.3
S. Albumin	3.86	g/dl	3.2 - 5.0
S. Globulin	3.06	g/dl	2.8 - 4.5
S. A/G Ratio	1.26		

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

Signature



# URMILA HEART & MULTI SPECIALITY HOSPITAL

### Address

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

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### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	163.0	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	45.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	96.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.62		Low Risk: <3.0 Average Risk: 03? - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.13		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	72.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	98.0	mg/dl	80 - 160

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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.00	%

Mean Blood Glucose level (MBG) – 90.2 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\*\*\*

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	121.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.05	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 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  
\*\*\*end of report\*\*\*

Signature

## PATHOLOGY REPORT

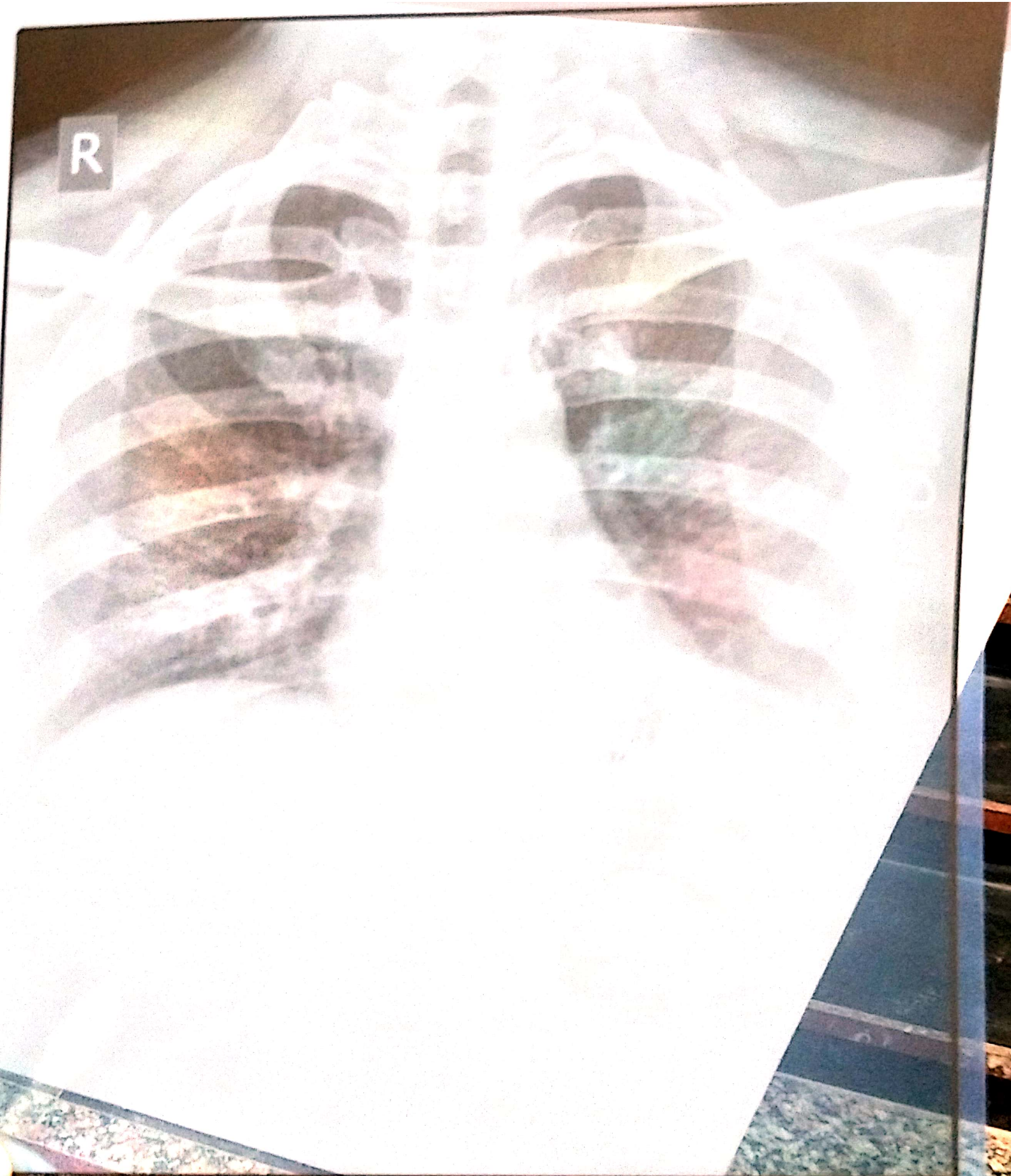
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### Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	6.5
(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	<b>Present (+)</b>
Crystal/Cast	Nil
Other	Nil
***end of report***	

Signature

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Aika Kumari  
Pediatric PA

35  
25-11-23 2:26:09 PM

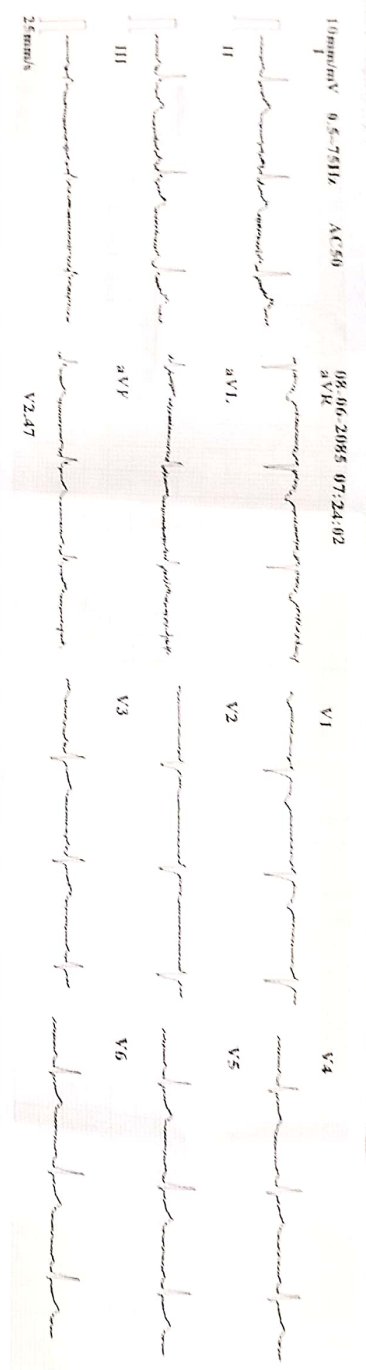
Female

64.8 %  
BOB

URMI A HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR







ID : 850009-072  
 Name : 36 yr  
 Age : 36 yr  
 Sex : Female  
 BP : mmHg  
 Height : cm  
 Weight : kg  
 HR : 72 bpm  
 P Dur : 91 ms  
 PR Int : 133 ms  
 QRS Dur : 94 ms  
 QT/QTc Int : 360/396 ms  
 P/QRS/T axis : 55/53/42 °  
 RV5/SV1 amp : 0.573/0.596 mV  
 RV6/SV1 amp : 1.169 mV  
 RV6/SV2 amp : 0.571/0.439 mV

Minnesota Code:  
 9-1-2/1,2,3,4,5,6)  
 9-4-1(V3)

Diagnostic Information:  
 Sinus Bradycardia  
 Low Voltage (Chest Leads)

Report Confirmed by:



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## ECHOCARDIOGRAPHY REPORT

Name : Mrs. Alka Kumari  
Date : 25/11/2023  
IPID No. :  
Ref. By : Self

Age/Sex : 35/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.



Measurements

Aorta 2.9  
LV es 3.4  
IVS ed 1.0  
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

LA es 2.6  
LV ed 4.8  
PW (LV) 1.1  
RV Anterior wall  
LVVs (ml)  
IVS motion

Normal values

(1.9 - 4.9cm)  
(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  
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

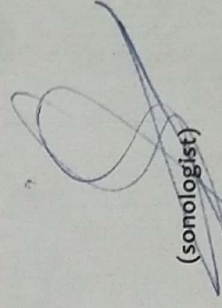


**NAME :- ALKA KUMARI.**  
**REFD.BY:- DR. /SELF.**

**DATE :- 24/11/2023**  
**SEX:- F**

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

**Liver:-** Liver is enlarged in size [15.11 cm] and shows fatty infiltration.  
**GB:-** Normal distention. Walls are not thickened. Multiple bright echogenic echoe largest one is measuring 0.96 cm Seen in lumen of G.B  
**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 10.90 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 & ITS :-** Uterus measures 7.34 x 3.69 x 3.39 cm.  
**Adnexa:-** Uterus is normal in size and normal echo texture.  
**P.O.D:-** B/L ovary are normal.  
**Impression :-** No Collection Seen.  
**Impression :-** **Hepatomegaly with fatty liver.**  
**Cholelithiasis.**



(sonologist)