



URMILA HEART & MULTI SPECIALITY HOSPITAL

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

PATHOLOGY REPORT

Name:- Mrs. Priyanka Chaudhary	Age :27Y/F	Date :-09/09/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No167279)	Serial Number :- 092

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.8	gm/dl	12 - 17
Total Leukocyte Count	6,500	/Cumm.	4000 - 11000
RBC Count	4.33	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	39.7	%	30 - 50
Platelet Count	1.73	Lakhs/c.mm	1.5 - 4.5
MCV	91.8	fl	80 - 100
MCH	29.1	pg	26 - 34
MCHC	31.7	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

end of report

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KFT (KIDNEY Function Test) – serum

TEST	RESULT	UNIT	Reference Values
S. Urea	28.0	mg/dl	13 - 45
S. Creatinine	0.93	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	146.1	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.24	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94 - 110
S. Calcium	9.10	mg/dl	8.7 - 11.0
S. Uric Acid	4.10	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	0.78	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	22.0	U/L	05 - 40
S. SGOT (AST)	33.0	U/L	05 - 40
S.GGT	31.0	U/L	05 - 45
S. Alkaline Phosphatase	79.0	U/L	Adult – 25 - 140 Children (1 – 12 yrs.) – 104 - 390
S. Total Protein	7.10	g/dl	6.0 - 8.3
S. Albumin	3.98	g/dl	3.2 - 5.0
S. Globulin	3.12	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	150.0	mg/dl	130 - 200
S. Triglycerides	90.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	18.0	mg/dl	10 - 40
S. HDL-Cholesterol	40.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	92.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.75		Low Risk: <3.0 Average Risk: 3 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.30		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	90.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	116.0	mg/dl	80 - 160

end of report

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.1	%

Mean Blood Glucose level (MBG) – 89.0 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	6.05	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.84	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	1.030
Appearance	Hazy
pH	6.5
(Acidic)	
Chemical Examination	
Protein	Trace
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





ECHOCARDIOGRAPHY REPORT

Name : Mrs. Priyanka Chaudhary
Date : 09/09/2023
IPID No. :
Ref. By : Self

Age/Sex : 28/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 Present/Absent RR interval _____ msec.
Tricuspid stenosis MDG _____ mmHg
EDG _____ mmHg Absent/Trivial/Mild/Moderate/Severe Fragmented signals
Tricuspid regurgitation: _____ msec. Pred. RVSP=RAP+ mmHg
Velocity _____ msec.

PULMONARY VALVE

Morphology **Normal/Atresia/Thickening/Doming/Vegetation.**

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

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.9	(2.0 – 3.7cm)	LAs 2.7	(1.9 – 4.0cm)
LV es 2.3	(2.2 – 4.0cm)	LV ed 3.4	(3.7 – 5.6cm)
IVS ed 0.8	(0.6 – 1.1cm)	PW (LV) 0.9	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF 60%	(54%-76%)	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

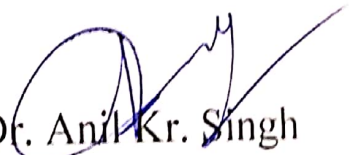
Normal/Enlarged/Clear/Thrombus

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

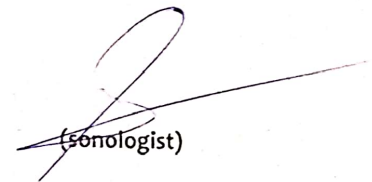
NAME :- *Prigyanika Choudhary*
REFD.BY:- Dr. /SELF.

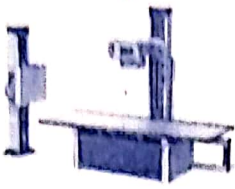
DATE :- 09/09/2023
SEX:- *27y F*

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is Normal in size [10.44. 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 .{8.58cm}.
Kidneys:- Rt. Kidney :- 10.76 x 3.69 cm Lt. Kidney :- 10.54 x 4.34 cm
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 8.13x3.88x3.21 cm.
Uterus is Normal in size and normal echo texture.
Adnexa:- B/L ovary are normal
Free fluid:- No free fluid is noted in the peritoneal cavity.
Other:- Few fecal gas in abdominal cavity.

Impression :- Normal Study.


(sonologist)



Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed:

Referred by Dr.

NAME	PRIYANKA CHAUDHARY	AGE/SEX	24 YEARS/ F
REF BY.	DR. A K..SINGH.M BBS MD	DATE	09.09.2023

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

A. Maity

DR. ARUPMAITY
Consultant Radiologist MBBS.
MD.
RegNo:-WBMC81697

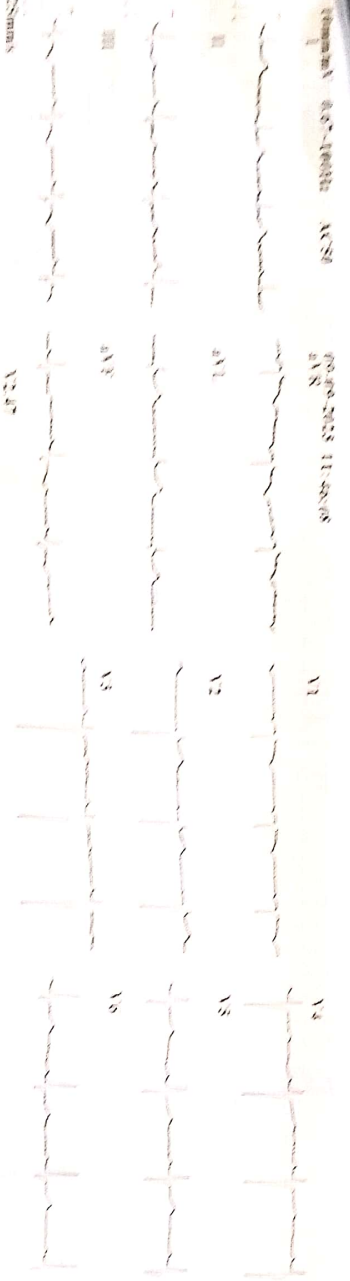
Disclaimer:

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 medico legal 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





ID: 2308001148
 Name:
 Age: 27 yr
 Sex: Female
 Height: cm
 Weight: kg
 HR: 70 bpm
 PR: 80 ms
 QS: 154 ms
 QRS Dur: 100 ms
 QT/QTc: 354/407 ms
 QTc axis: 55.5, 14.2
 ST/ST1 amp: 0.22, 0.378 mV
 ST/ST1 amp: 0.501 mV
 ST/ST2 amp: 0.557, 0.512 mV

Minnesota Code:
 11 (V2)
 042 (V4)

Diagnosis Information:
 Sinus Rhythm
 ? ST Segment Elevation Myocardial Infarction (V2)

Report Continued by: