

(12)



Ph.: 0621-2222211, 0621-2268042, Mob. : 9661179794, 9471913492

URMILA HEART & MULTI SPECIALITY HOSPITAL

उर्मिला हार्ट एण्ड मल्टी स्पेशियलिटी हॉस्पिटल

Naya Tola, Opp. Polytechnic, Muzaffarpur

डॉ० अनिल कुमार सिंह

एम.बी.बी.एस., डीप.कार्ड, सी.जी.डी.सी.सी., एफ.सी.आर.
(अपीलो हॉस्पिटल)

कैडिलिगियन एवं हृदय रोग विशेषज्ञ

सहर अस्पताल, पुजपारपुर
भूलपूर्व कार्डियोलॉजिस्ट
फोर्टिस हॉस्पिटल, इरकाट हार्ट इन्स्टिट्यूट, नई दिल्ली
सरकारी मेडिकल कॉलेज, एच.ए.एन.सी. (यू.के.)
पुष्पांजली हॉस्पिटल, आगरा
मेम्बर ऑफ आई.ए.सी.सी.



समय :-
सुबह 12 बजे से 03 बजे तक
शाम 6:30 बजे से रात्रि 8 बजे तक

Dr. Anil Kumar Singh

M.B.B.S. DIP Card, PGDCC, FCR (Agras Hospital)
Cardiologist & Consultant Physician
Sadar Hospital, Muzaffarpur
Ex. Cardiologist
Fortis Hospital, Escorts Heart Institute, New Delhi
Govt. Medical College, HALD (UK)
Pushpanjali Hospital, Agra
Member of IACC
Reg. No. MCJ 29808

MR. Name Mrs. Babu Akanksha Date 04/11/23

MR. No. BOB Age 35 Sex F Wt. B.P.

BP - 110/80 mmHg.

o/e
Pallor - absent



शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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Address


Naya Tola, Opp. Polyta
Muzaffarpur
Ph. : 0621-2222211
0621-2289042
Mob. : 9851179794
9471013402

PATHOLOGY REPORT

Name:- Baby Akansha	Age :33Y/F	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No118995)	Serial Number :- 0212

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.4	gm/dl	12 - 17
Total Leukocyte Count	7,900	/Cumm.	4000 - 11000
RBC Count	4.49	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	37.2	%	30 - 50
Platelet Count	2.22	Lakhs/c.mm	1.5 - 4.5
MCV	82.4	fl	80 - 100
MCH	26.8	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	50	%	40 - 70
Lymphocyte	38	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	14	mm/1 st hr.	00 - 20

end of report


Signature



PATHOLOGY REPORT

Name:- Baby Akansha	Age : 33Y/F	Date :- 02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No) 118995)	Serial Number :- 0212

KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	22.0	mg/dl	13 - 45
S. Creatinine	0.78	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	10.27	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	141.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.90	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94 - 110
S. Calcium	9.05	mg/dl	8.7 - 11.0
S. Uric Acid	4.29	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



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Name:- Baby Akansha	Age :33Y/F	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No118995)	Serial Number :- 0212

LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Billrubin	1.10	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	43.0	U/L	05 - 40
S. SGOT (AST)	49.0	U/L	05 - 40
S.GGT	46.0	U/L	05 - 45
S. Alkaline Phosphatase	130.0	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.10	g/dl	6.0 - 8.3
S. Albumin	4.08	g/dl	3.2 - 5.0
S. Globulin	3.02	g/dl	2.8 - 4.5
S. A/G Ratio	1.35		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	165.0	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	40.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	104.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.12		Low Risk: <3.0 Average Risk: 3 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.60		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)	110.0	mg/dl	80 - 160

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Name:- Baby Akansha	Age :33Y/F	Date :-02/12/2023
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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.18	%

Mean Blood Glucose level (MBG) – 98.0 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	99.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.5	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.98	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).
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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

