

PATHOLOGY REPORT

Name:- Mrs. Sarashwati Kumari	Age :44Y/F	Date :-29/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No170813)	Serial Number :- 0295

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	8.6	gm/dl	12 - 17
Total Leukocyte Count	4,900	/Cumm.	4000 - 11000
RBC Count	3.95	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	30.4	%	30 - 50
Platelet Count	1.44	Lakhs/c.mm	1.5 - 4.5
MCV	75.9	fl	80 - 100
MCH	25.7	pg	26 - 34
MCHC	28.4	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	46	%	40 - 70
Lymphocyte	42	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	16	mm/1 st hr.	00 - 20

end of report

Signature



URMILA HEART & MULTI SPECIALITY HOSPITAL

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Address

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0621-2268042
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9471013402

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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	0.85	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.20	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	144.3	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.98	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	103.3	mmol/ltr	94 - 110
S. Calcium	9.18	mg/dl	8.7 - 11.0
S. Uric Acid	4.98	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"A" 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	0.81	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	28.0	U/L	05	-	40
S. SGOT (AST)	32.0	U/L	05	-	40
S.GGT	37.0	U/L	05	-	45
S. Alkaline Phosphatase	98.3	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	6.85	g/dl	6.0	-	8.3
S. Albumin	3.77	g/dl	3.2	-	5.0
S. Globulin	3.08	g/dl	2.8	-	4.5
S. A/G Ratio	1.22				

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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	110.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	22.0	mg/dl	10 - 40
S. HDL-Cholesterol	42.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	101.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.92		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.40		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	81.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1 30hrs meal)	120.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	4.12 %

Mean Blood Glucose level (MBG) – 96.02 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	146.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.15	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.28	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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ECHOCARDIOGRAPHY REPORT

Name :Mrs. Sarshwati Kumari Age/Sex : 44/F
Date : 29/03/2024 ECHO No. :
IPID No. : UHID No. :
Ref. By :BOB 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.



<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.5	(2.0 – 3.7cm)	LAes 2.4	(1.9 – 4.0cm)
LV es 2.4	(2.2 – 4.0cm)	LV ed 3.6	(3.7 – 5.6cm)
IVS ed 0.8	(0.6 – 1.1cm)	PW (LV) 1.1	(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

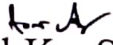
RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

All chambers are Normal in size
 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



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NAME :- Saraswati Devi.
REFD.BY:- Dr./Self

DATE :- 29/03/2024
SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is normal in shape, size [124.6 mm] with homogenous coarse echotexture. No focal lesion seen or Intrahepatic ducts dilation seen. Movement of both domes of diaphragm appears normal.
- GB:-** Gall bladder not seen .H/O cholecystectomy.
- C.B.D:-** C.B.D. is normal in calibre.
- Pancreas:-** Pancreas normal in size shape and echotexture.
- Spleen:-** Normal in shape, size & contour . (bipolar length is 80.7 mm).
- 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.
- Urinary bladder:-** Urinary bladder is smoothly outlined. There is no calculus within.
- Uterus:-** Uterus measures 106.4 x 79.7 x 56.8 mm. A/V in position .
Uterus is enlarged in size A heterogenous hypoechoic intramural mass lesion seen in posterior wall of uterus measuring 51.0 x 34.1 x 28.8 mm ---Intramural
- Adnexa:-** Both ovaries are normal in size .
- P.O.D.:-** No collection seen.
- Free fluid :-** No free fluid is noted in the peritoneal cavity.

Impression :- Bulky uterus with A heterogenous hypoechoic intramural mass lesion seen in posterior wall of uterus likely to be Intramural Fibroid .



10mm/mV 0.5~75Hz ACS0

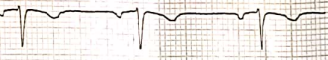
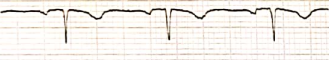
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V1

V4

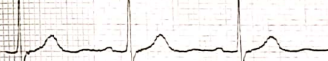
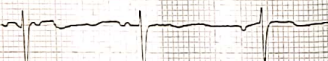
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Minnesota Code:
9-4-2(V4)



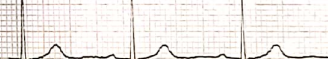
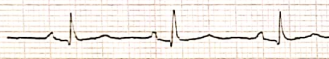
Name :
Age : 44 yr
Sex : Female
BP : mmHg
Height : cm
Weight : kg

Sarajwari Kulkarni



HR : 72 bpm
P Dur : 81 ms
PR int : 167 ms
QRS Dur : 86 ms
QT/QTc int : 366/402 ms
P/QRS/T axis : 80/59/34 °
RV5/SV1 amp : 1.118/0.676 mV
RV5+SV1 amp : 1.794 mV
RV6/SV2 amp : 1.265/0.699 mV

Diagnosis Information:
800: Sinus Rhythm
Normal ECG



25mm/s

V2.47

Report Confirmed by:





SARSAWATI KUMARI
Chest PA

Female

74.9 %

29-03-24 2:11:31 PM

DR. A. K. SINGH

URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR



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