



**URMILA HEART**  
**& MULTI SPECIALITY HOSPITAL**

**PATHOLOGY REPORT**

**Address**

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

Name :- Mrs. Vandana Kumari	Age :46Y/F	Date :-14/09/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No158373)	Serial Number :- 0143

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	11.0	gm/dl	12 - 17
Total Leukocyte Count	4,800	/Cumm.	4000 - 11000
RBC Count	3.76	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	35.0	%	30 - 50
Platelet Count	1.40	Lakhs/c.mm	1.5 - 4.5
MCV	94.0	fl	80 - 100
MCH	28.7	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	50	%	40 - 70
Lymphocyte	40	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2%
ESR	24	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	24.0	mg/dl	13 - 45
S. Creatinine	0.88	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')	3.98	mmol/ltr	3.5 - 5.5
S. Chloride(Cl)	103.3	mmol/ltr	94 - 110
S. Calcium	9.10	mg/dl	8.7 - 11.0
S. Uric Acid	3.67	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABO)	:	<b>"O" Group</b>
Rh Typing	:	<b>Positive.</b>

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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	0.65	mg/dl	Adults: 0.1 - 1.2	
			Infants: 1.2 - 12	
S. SGPT (ALT)	28.0	U/L	05 - 40	
S. SGOT (AST)	35.0	U/L	05 - 40	
S.GGT	34.0	U/L	05 - 45	
S. Alkaline Phosphatase	98.3	U/L	Adult - 25 - 140	
			Children (1 - 12 yrs.) - 104 - 390	
S. Total Protein	6.98	g/dl	6.0 - 8.3	
S. Albumin	3.74	g/dl	3.2 - 5.0	
S. Globulin	3.24	g/dl	2.8 - 4.5	
S. A/G Ratio	1.15			

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### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	195.0	mg/dl	130 - 200
S. Triglycerides	150.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	30.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	117.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.06		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.43		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	75.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	108.0	mg/dl	80 - 160

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	124.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.80	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.90	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 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>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH	5.0
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	<b>Present (+)</b>
Crystal/Cast	Nil
Other	Nil
***end of report***	

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**GLYCOSYLATED HEMOGLOBIN**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	3.92 %

Mean Blood Glucose level (MBG) – 91.05 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\*\*\*

  
Signature





## ECHOCARDIOGRAPHY REPORT

Name	: Mrs. Vandana Kumar	Age/Sex	: 46/F
Date	: 14/09/2024	ECHO No.	:
IPID No.	:	UHD No.	:
Ref. By	: Self	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 RR Interval \_\_\_\_\_ msec

EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVAem2

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>
Aorta 2.8	(2.0 - 3.7cm)
LV es 2.9	(2.2 - 4.0cm)
IVS ed 1.1	(0.6 - 1.1cm)
RVed	(0.7 - 2.6cm)
LVVd (ml)	
LVEF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 3.1	(1.9 - 4.0cm)
LV ed 4.2	(3.7 - 5.6cm)
PW (LV) 1.3	(0.6 - 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVs (ml)	
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

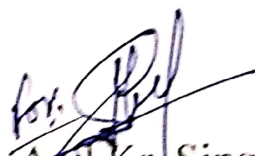
RA Normal/Enlarged/Clear/Thrombus

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

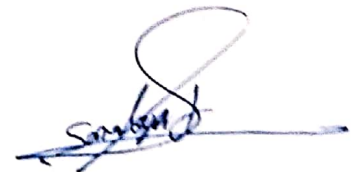
Name :- Vandana Kumari  
Refd.By:- Dr./Self

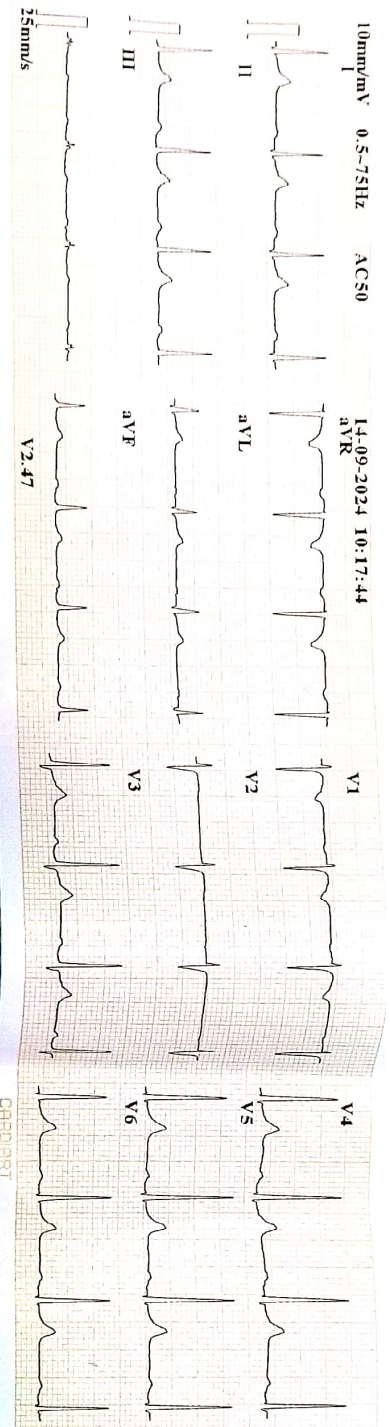
Date :- 16/09/2024  
Sex:- F

Thanks for the kind referral.  
USG of Whole Abdomen

- Liver:-** Liver is normal in shape, size [126.1 mm] with homogenous coarse echo texture. No focal lesion seen or Intrahepatic ducts dilation seen. Movements of both domes of diaphragm appears normal
- GB:-** Normal Distention. Walls are not thickened . No evidence of calculus, sludge, or mass lesion seen.
- C.B.D:-** C.B.D. is normal in calibre.
- Pancreas:-** Pancreas normal in size shape and normal echotexture.
- Spleen:-** Normal in shape, size & contour . (bipolar length is 85.2mm).
- 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 69.5 x 45.4 x 32.4 mm. A/V in position .  
Uterus is normal in size and normal echotexture. Endometrium  
And Myometrium texture appears normal. Cervix texture appears normal.
- Adnexa:-** Both ovary are normal in shape and size, no mass or cyst seen .
- P.O.D.:-** No collection seen.
- Free fluid :-** No free fluid is noted in the peritoneal cavity.
- OTHERS :-** No ascites or lymph nodes seen.

**Impression** :- Normal Study.





ID : 240914-1017  
 Name :  
 Age : 45 yr  
 Sex : Female  
 BP :  
 Height : cm  
 Weight : kg  
 HR : 76 bpm  
 P Dur : 105 ms  
 PR int : 178 ms  
 QRS Dur : 79 ms  
 QT/QTc int : 351/373 ms  
 P/QRS/T axis : 54/42/34 °  
 RV5/SV1 amp : 1.761/0.866 mV  
 RV6/SV2 amp : 2.627 mV  
 RV6/SV2 amp : 1.416/0.511 mV

Minnesota Code:  
 9-4-1(V3)

Vandana Kuvshni

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

Report Confirmed by:



