



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mrs. Sushila Devi	Age :Y/F	Date :-14/09/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No54068)	Serial Number :- 0146

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	10.2	gm/dl	12 - 17
Total Leukocyte Count	8,700	/Cumm.	4000 - 11000
RBC Count	3.66	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	33.0	%	30 - 50
Platelet Count	1.45	Lakhs/c.mm	1.5 - 4.5
MCV	92.4	fl	80 - 100
MCH	27.5	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	26	mm/1 st 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	35.0	mg/dl	13 - 45
S. Creatinine	1.16	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	16.34	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	140.3	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.95	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	105.3	mmol/ltr	94 - 110
S. Calcium	9.05	mg/dl	8.7 - 11.0
S. Uric Acid	8.07	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"A" 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	0.90	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	38.0	U/L	05 - 40
S. SGO _T (AST)	30.0	U/L	05 - 40
S. GGT	36.0	U/L	05 - 45
S. Alkaline Phosphatase	108.9	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.87	g/dl	6.0 - 8.3
S. Albumin	3.82	g/dl	3.2 - 5.0
S. Globulin	3.05	g/dl	2.8 - 4.5
S. A/G Ratio	1.25		

end of report


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PATHOLOGY REPORT

123456789
 Maya Tech, Corp. Pathology
 Medical Center
 Ph: 0917-1234567
 0917-1234567
 Manila, Philippines 10100
 0917-1234567

Name: Mrs. Sustilla Davi	Age: 41/F	Date: 11/11/2016
Ref. By: Dr. Bank Of Baroda	(E.C.No.54068)	Serial Number: 12345

Lipid Profile = serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	180.0	mg/dl	130 - 200
S. Triglycerides	110.0	mg/dl	Fasting: 25 - 150
S. VLDL-Cholesterol	22.0	mg/dl	10 - 40
S. HDL-Cholesterol	46.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	112.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.91		Low Risk: <3.0 Average Risk: 3.0 - 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	105.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	155.0	mg/dl	80 - 160

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Name:- Mrs. Sushila Devi	Age :Y/F	Date :-14/09/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No54068)	Serial Number :- 0146

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	5.26	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.10	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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Name:- Mrs. Sushila Devi	Age :Y/F	Date :-14/09/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No54068)	Serial Number :- 0146

Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	5.0
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	

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Names- Mrs. Sushila Devi	Age :Y/F	Date :-14/09/2024
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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.01	%

Mean Blood Glucose level (MBG) – 98.08 mg/dl

Normal Reference Values

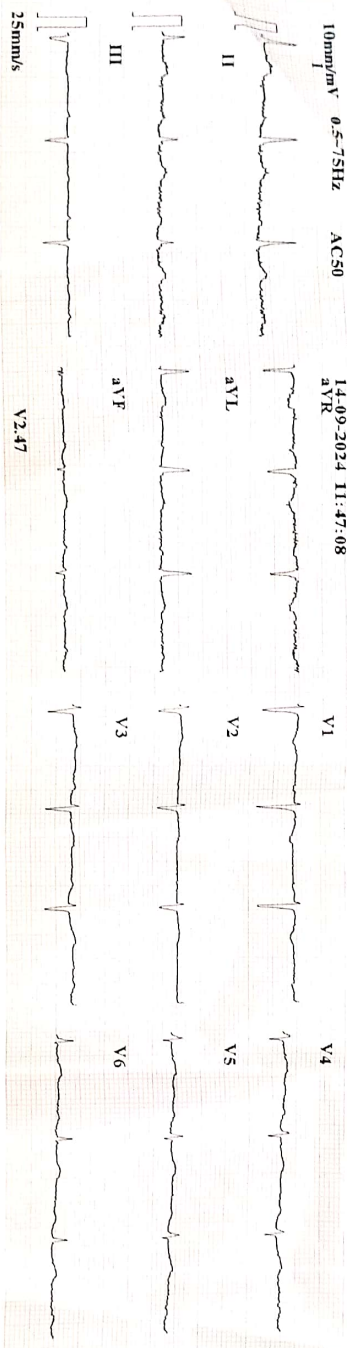
Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

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





10mm/mV 0.5-75Hz ACS0 14-09-2024 11:47:08

ID : 240914-1147
 Name :
 Age : 55 yr
 Sex : Female
 BP :
 Height : cm
 Weight : kg
 HR : 73 bpm
 P Dur : 110 ms
 PR Int : 175 ms
 QRS Dur : 94 ms
 QT/QTc Int : 394/435 ms
 P/QRS/T axis : 50/132 °
 RV5/SV1 amp : 0.249/0.767 mV
 RV5+SV1 amp : 1.016 mV
 RV6/SV2 amp : 0.324/0.406 mV

Minnesota Code:
 1-2-8(V3,V3,Y4)
 9-1-2(V1,V2,V3,V4,V5,V6)
 9-4-2(V4)

Shreshth Desai

Diagnosis Information:
 800: Sinus Rhythm
 701: Poor R wave Progression(V2,V3,V4)
 132: Low Voltage(Chest Leads)

Report Confirmed by:

NAME :- Shushila Devi.
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 [138.9mm] 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 108 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 wall not thickened. There is no calculus within.
- Uterus:-** Not seen. H/O hysterectomy , Uterian volt is normal.
- Adnexa:-** Both ovaries not visualized .
- Free fluid :-** No free fluid is noted in the peritoneal cavity.

Impression :-Normal Study.


Sonologist.



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ECHOCARDIOGRAPHY REPORT

Name	: Mrs. Sushila Devi	Age/Sex	: 55/F
Date	: 14/09/2024	ECHO No.	:
IPID No.	:	UHID 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 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 2.8	(2.0 – 3.7cm)	LAes 2.9	(1.9 – 4.0cm)
LV es 3.1	(2.2 – 4.0cm)	LV ed 4.5	(3.7 – 5.6cm)
IVS ed 1.1	(0.6 – 1.1cm)	PW (LV) 1.2	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
LVEF 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