



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name: Mrs. [Redacted]	Age :36Y/F	Date :-31/07/2024
Ref.By :- Dr. Bank Of Baroda(E.C.No168073)		Serial Number :- 0312

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	10.4	gm/dl	12 - 17
Total Leukocyte Count	5,600	/Cumm.	4000 - 11000
RBC Count	3.68	Million/Cumm.	3.8 -5.8
PCV / Haematocrit	33.6	%	30 - 50
Platelet Count	1.68	Lakhs/c.mm	1.5 - 4.5
MCV	91.3	fl	80 - 100
MCH	27.2	pg	26 - 34
MCHC	29.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	50	%	40 - 70
Lymphocyte	40	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 -06
Basophil	00	%	<1 - 2 %
ESR	16	mm/1 st hr.	00 - 20

end of report

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	-	3.90 %

Mean Blood Glucose level (MBG) – 91.02 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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PATHOLOGY REPORT

Name:- Mrs. Kirti Singh	Age :36Y/F	Date :-31/07/2024
Ref.By :- Dr. Bank Of Baroda(E.C.No168073)		Serial Number :- 0312

KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Urea	26.0	mg/dl	13	- 45
S. Creatinine	0.85	mg/dl	Male 0.7	- 1.4
			Female 0.6	- 1.2
S. BUN	12.14	mg/dl	6.0	- 21
S. Sodium (Na ⁺)	141.5	mmol/ltr	135	- 150
S. Potassium(K ⁺)	4.28	mmol/ltr	3.5	- 5.5
S. Chloride(Cl ⁻)	102.6	mmol/ltr	94	- 110
S. Calcium	9.20	mg/dl	8.7	- 11.0
S. Uric Acid	5.22	mg/dl	Male 3.5	- 7.2
			Female 2.5	- 6.2

BLOOD GROUPING

Grouping (ABO)	:	"O" 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	0.98	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12	
S. SGPT (ALT)	31.0	U/L	05 - 40	
S. SGOT (AST)	37.0	U/L	05 - 40	
S.GGT	34.0	U/L	05 - 45	
S. Alkaline Phosphatase	130.0	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390	
S. Total Protein	7.20	g/dl	6.0 - 8.3	
S. Albumin	4.06	g/dl	3.2 - 5.0	
S. Globulin	3.14	g/dl	2.8 - 4.5	
S. A/G Ratio	1.29			

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	210.0	mg/dl	130 - 200
S. Triglycerides	140.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	28.0	mg/dl	10 - 40
S. HDL-Cholesterol	51.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	131.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.11		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.56		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)	124.0	mg/dl	80 - 160

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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	4.21	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.76	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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Urine Routine And Microscopy

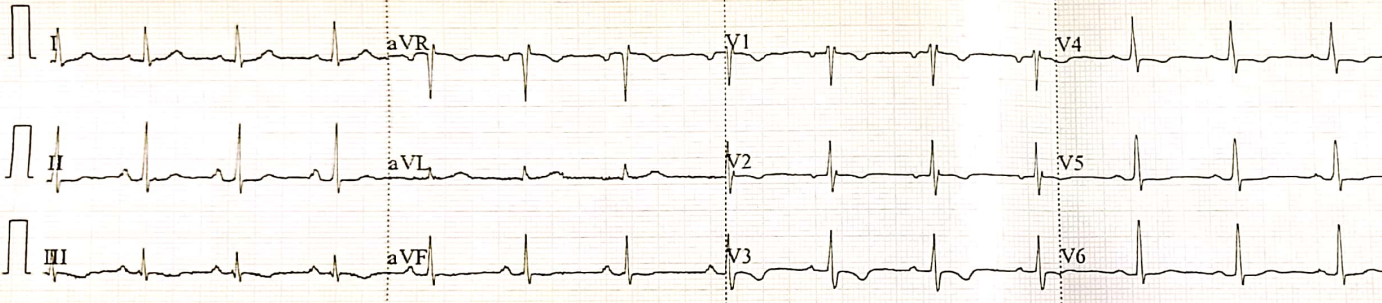
<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Light Yellow
Specific Gravity	1.020
Appearance	Clear
pH	6.5
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil

end of report


Signature



ID: 568 31-07-2024 00:46:15



0.67~100Hz AC50 25mm/s 10mm/mV ♥82 V1.0 SEMIP V1.7 URMILA-HOSPITAL

ID: 568

Female
36Years
cm

/ mmHg
kg

Diagnosis Information:
Sinus Rhythm
Inverted T Wave(V3)

Kraiti Kumari

HR : 81 bpm
P : 101 ms
PR : 159 ms
QRS : 77 ms
QT/QTc : 346/404 ms
P/QRS/T : 60/38/4 °
RV5/SV1 : 0.800/0.626 mV Report Confirmed by:





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NAME :- Kriti Kumari.
REFD.BY:- Dr./Self.

DATE :- 31/07/2024
SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in shape, size [150.1 mm] with shows fatty infiltration.

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 echotexture.

Spleen:- Normal in shape, size & contour . (bipolar length is 98.1 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 81.0 x 49.0 x 40.5 mm. A/V in position .

Uterus is normal in size and **endometrium walls are thickened{12.0}**.

Adnexa:- Both ovary are normal in shape and size, no mass or cyst seen .

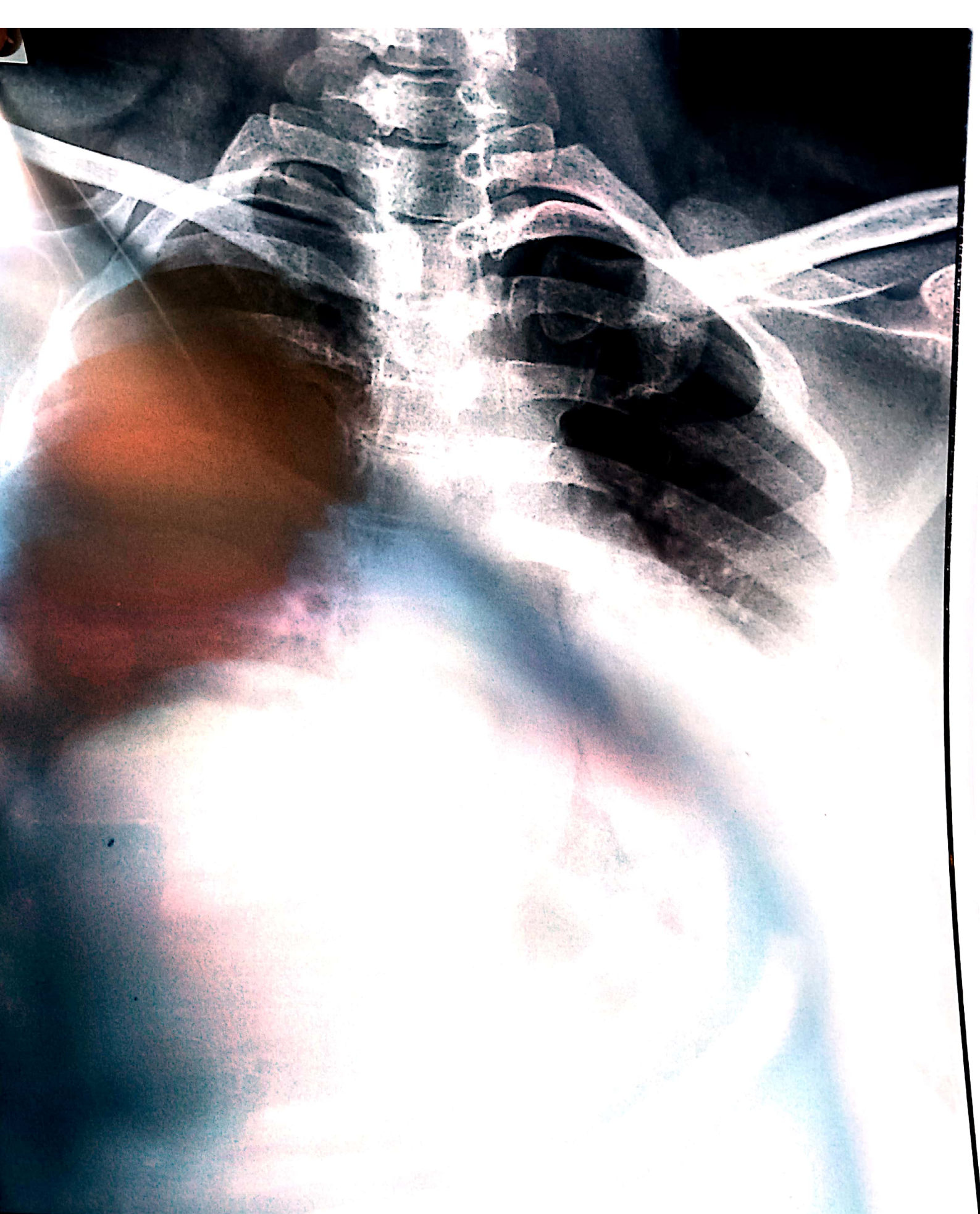
P.O.D.:- No collection seen.

Free fluid :- No free fluid is noted in the peritoneal cavity.

Impression :- Hepatomegaly with fatty liver.
Thickened endometrial wall.

Sonologist.





KRITI KUMARI

36

Female

69.4 %

31-07-24 2:12:04 PM

SELF

URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR