



URMILA HEART
& MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mrs. Priyanka Satrugan Sah	Age :29Y/F	Date :-18/10/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No170434)	Serial Number :- 0182

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	11.8	gm/dl	12 - 17
Total Leukocyte Count	9,300	/Cumm.	4000 - 11000
RBC Count	4.63	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.7	%	30 - 50
Platelet Count	1.53	Lakhs/c.mm	1.5 - 4.5
MCV	83.6	fl	80 - 100
MCH	25.4	pg	26 - 34
MCHC	29.7	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	22	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	24.0	mg/dl	13 - 45
S. Creatinine	0.80	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.20	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	138.5	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.92	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.3	mmol/ltr	94 - 110
S. Calcium	9.05	mg/dl	8.7 - 11.0
S. Uric Acid	5.01	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"AB" 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	0.74	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05 - 40
S. SGOT (AST)	31.0	U/L	05 - 40
S.GGT	26.0	U/L	05 - 45
S. Alkaline Phosphatase	90.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.9g	g/dl	6.0 - 8.3
S. Albumin	3.77	g/dl	3.2 - 5.0
S. Globulin	3.18	g/dl	2.8 - 4.5
S. A/G Ratio	1.18		

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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	80.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	118.0	mg/dl	80 - 160

end of report

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.11	%

Mean Blood Glucose level (MBG) – 99.3 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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Age :-29Y/F

Date :-18/10/2024

Ref. By :- Dr. Bank Of Baroda

(E.C.No170434)

Serial Number :- 0182

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	CLIA	142.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	CLIA	4.26	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	CLIA	3.46	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 Ratioo(THBR).a
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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH	6.0
(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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ECHOCARDIOGRAPHY REPORT

Name : Mrs. Priyanka Sah
Date : 18/10/2024
IPID No. :
Ref. By : Self

Age/Sex : 29/F
ECHO No. :
UHID No. :
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. Score: _____ A>E
Subvalvular deformity Present/Absent
Doppler Normal/Abnormal E>A
Mitral Stenosis Present/Absent RRInterval _____ msec
EDG _____ mmHg MV/Acm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atrisia/Thickening/Calcification/Prolapse/Vegetation/Doming. RR interval _____ msec.
Doppler Normal/Abnormal
Tricuspid stenosis Present/Absent
EDG _____ mmHg MDG _____ mmHg
Tricuspid regurgitation: Absent/Trivial/Mild/Moderate/Severe Fragmented signals
Velocity _____ msec. Pred. RVSP=RAP+ mmHg

PULMONARY VALVE

Morphology Normal/Atrisia/Thickening/Doming/Vegetation.
Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level
Pulmonary regurgitation PSG_ mmHg Pulmonary annulus _____ mm
Early diastolic gradient Present/Absent
_____ 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.



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Name :- Priyanka Shah.

Date :- 19/10/2024

Refd.By:- Dr./Self.

Sex:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:-

Liver is normal in size [128.2mm] 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 echotexture. (bipolar length is 101.2 mm).

Spleen:-

Normal in shape, size & contour . (cortical echo texture, Both kidney are normal in shape, size, contour, cortical echotexture, calcification,hydronephrotic

Kidneys:-

andinus 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 98.6x 50.8 x 41.2 mm. A/V in position .
 Uterus is enlarged in size and minimal collection seen in endometrium cavity.

Adnexa:-

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

P.O.D.:-

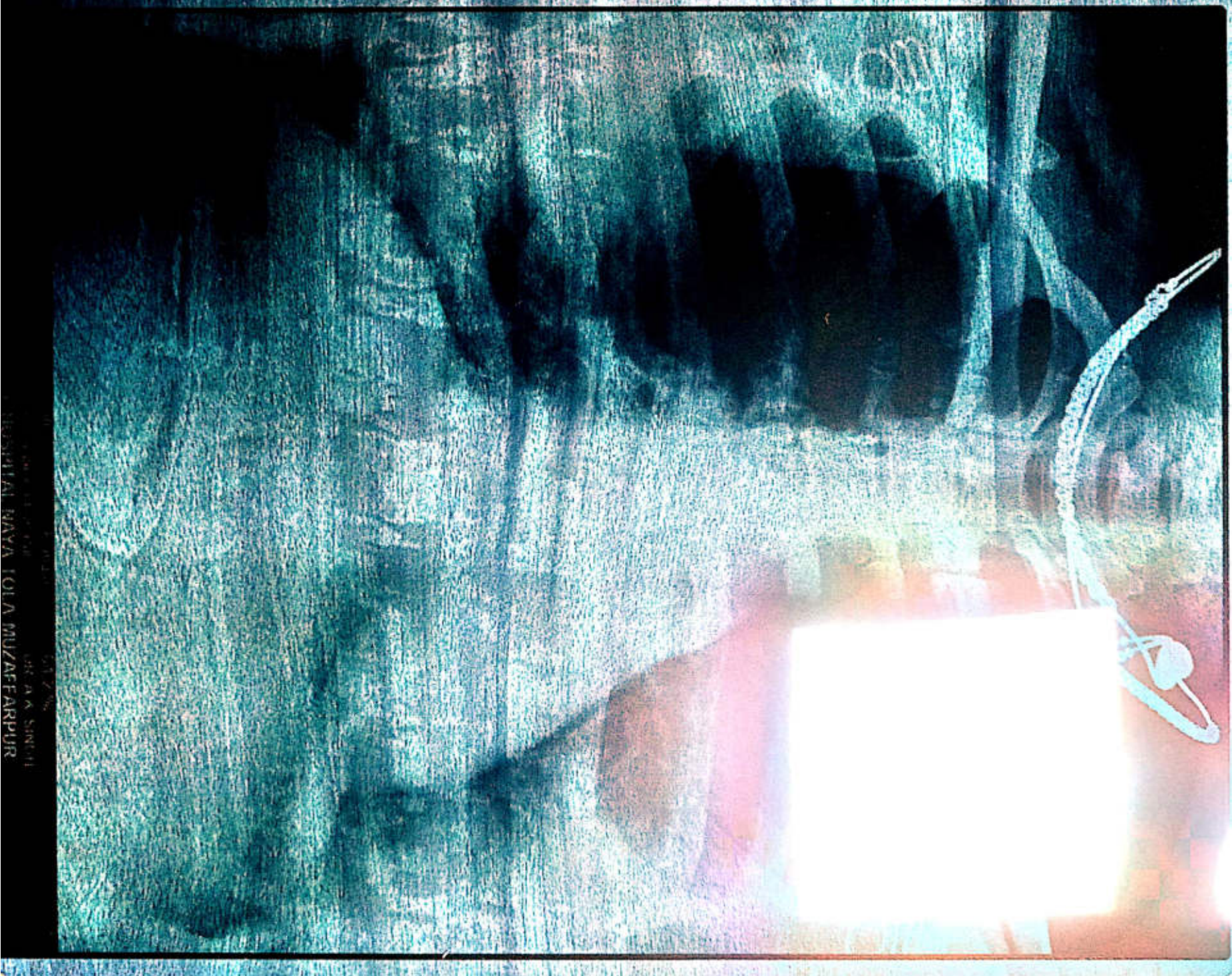
Mild collection seen.

Free fluid :-

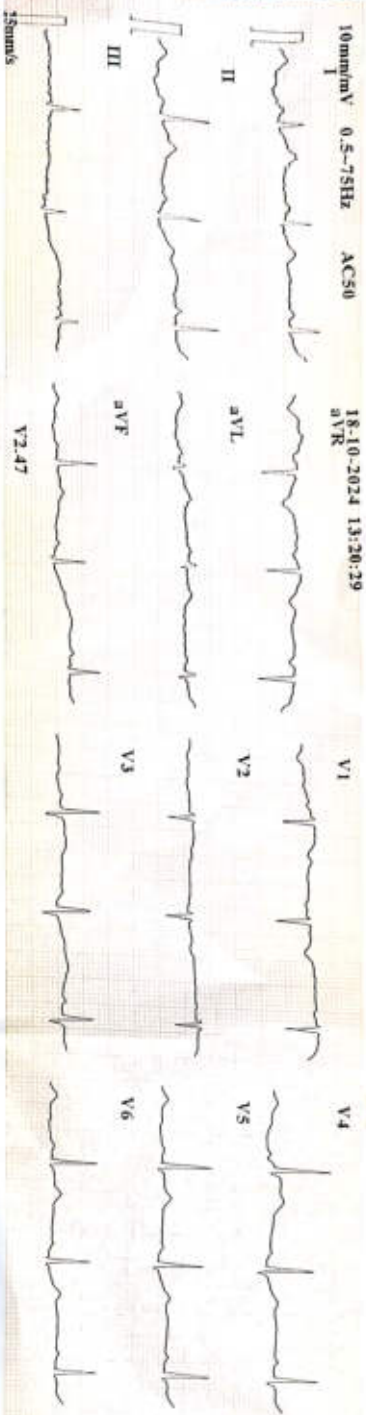
No free fluid is noted in the peritoneal cavity.

**Impression :- Bulky uterus with endometrium collection.
 POD collection.**





HOSPITAL NAYA LOJA MUZAFFARPUR
0177 280 1111



10mm/mV 0.5-75Hz ACS0
 18-10-2024 13:20:29
 aVR V1
 aVL V2
 aVF V3
 V4
 V5
 V6
 25mm/s
 V2.47

ID : 241018-1320
 Name :
 Age : 31 yr
 Sex : Female
 BP :
 Height : cm
 Weight : kg
 HR : 79 bpm
 P Dur : 89 ms
 PR Int : 152 ms
 QRS Dur : 84 ms
 QT/QTc Int : 361/41.4 ms
 P/QRS/T axis : 125/60/12 °
 RV5SV1 amp : 0.206/0.611 mV
 RV5+SV1 amp : 1.517 mV
 RV6SV2 amp : 0.826/0.415 mV

Minnesota Code:
 8-6-3
 9-1-1(V3)

Pragya Shukla

Diagnosis Information:
 801: Coronary Sinus Rhythm

Report Confirmed by: