



**URMILA HEART**  
**& MULTI SPECIALITY HOSPITAL**  
PATHOLOGY REPORT

**Address**

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

Name:- Mrs.Muskan	Age :32Y/F	Date :-17/11/2024
Ref. By :- Dr. Bank Of Baroda	(I.C.No109450)	Serial Number :- 0171

**CBC (Complete Blood Count)**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	11.0	gm/dl	12 - 17
Total Leukocyte Count	12,300	/Cumm.	4000 - 11000
RBC Count	4.38	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	36.4	%	30 - 50
Platelet Count	2.00	Lakhs/cumm	1.5 - 4.5
MCV	83.1	fl	80 - 100
MCH	23.7	pg	26 - 34
MCHC	28.6	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	90	%	40 - 70
Lymphocyte	05	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	02	%	01 - 06
Basophil	00	%	<1 - 2%
ESR	40	mm/1"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	23.0	mg/dl	13 - 45
S. Creatinine	0.81	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	10.74	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	139.4	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	4.52	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	108.6	mmol/ltr	94 - 110
S. Calcium	9.26	mg/dl	8.7 - 11.0
S. Uric Acid	4.15	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABO)	:	"B" Group
Rh Typing	:	Positive.

\*\*\*end of report\*\*\*

*Signature*



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Ref. By :- Dr. Bank Of Baroda

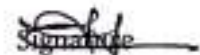
(E.C.No109450)

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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	0.86	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	29.0	U/L	05 - 40
S. SGOT (AST)	32.0	U/L	05 - 40
S. Alkaline Phosphatase	83.4	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.12	g/dl	6.0 - 8.3
S. Albumin	4.04	g/dl	3.2 - 5.0
S. Globulin	3.08	g/dl	2.8 - 4.5
S. A/G Ratio	1.31		

\*\*\*end of report\*\*\*







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Ref. By :- Dr. Bank Of Baroda	(E.C.No109450)	Serial Number :- 0171

### Lipid Profile - serum

TEST	RESULT	UNIT	Reference Values
S. Cholesterol	174.0	mg/dl	130 - 200
S. Triglycerides	105.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	21.0	mg/dl	10 - 40
S. HDL-Cholesterol	46.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	107.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.78		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.32		1.5 - 3.5

### BIOCHEMISTRY

TEST	RESULT	UNIT	Reference Values
P. Glucose Fasting	72.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	112.0	mg/dl	80 - 160

\*\*\*end of report\*\*\*

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**GLYCOSYLATED HEMOGLOBIN**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.40	%

Mean Blood Glucose level (MBG) – 85.06 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\*\*\*

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	110.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.06	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.18	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  
\*\*\*end of report\*\*\*

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Name:- Mrs.Muskan

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Date :-17/11/2024

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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	1.015
Appearance	Clear
pH	6.5
(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	Present (+)
Crystal/Cast	Nil
Other	Nil
***end of report***	

*Signature*

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9471013402

Name:- Mrs.Muskan

Age :-32Y/F

Date :-17/11/2024

Ref. By :- Dr. Bank Of Baroda

(E.C.No109450)

Serial Number :- 0171

### Stool Routine And Microscopy

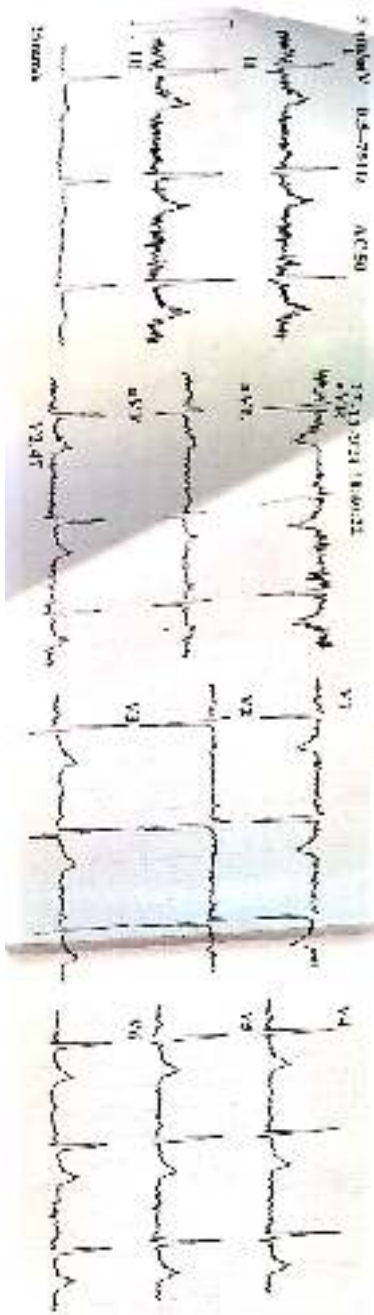
<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Colour	Blankish
Consistency	Semi Solid
Mucus	Nil
Blood	Nil
<b>Chemical Examination</b>	
pH	Acidic
Reducing Sugar	Nil
Occult Blood	N/D
<b>Microscopic Examination</b>	
Pus Cells	3-5 /hpf
Red Blood Cells	Nil /hpf
OVA/Cyst	A Lumbricoides
Parasites	Nil

\*\*\*end of report\*\*\*

*[Signature]*







ID: 240117 1040  
 Name: M. S. Srinivasan  
 Age: 22 yr  
 Sex: M  
 Height: 163 cm  
 Weight: 50 kg  
 HR: 71 bpm  
 P: 1.8 ms  
 PR: 158 ms  
 QRS Dur: 102 ms  
 QT/QTc: 377/412 ms  
 FWHM1 max: 705/643 μV  
 S1/S2/S3 amp: 0.55/0.61/0.61 mV  
 R/S1/S2 amp: 1.2/0.8 mV  
 R/S3/S2 amp: 1.52/0.245 mV

Minireport Code:  
 9 1 2 0 1 1 7 1 0 4 0  
 P-4-1031

Diagnostic Information:  
 880: Sinus Rhythm  
 132: Low Voltage (front leads)

Report Generated by:





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Name :- Muskan.  
Refd.By:- Dr./Self.

Date :- 17/11/2024  
Sex:- F

Thanks for the kind referral.  
USG of Whole Abdomen

- Liver:-** Liver is normal in size [138.6mm] 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.
- Spleen:-** Normal in shape, size & contour. (bipolar length is 106.2 mm).
- Kidneys:-** Both kidney 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 92.1 x 44.5 x 41.2 mm. A/V in position. Uterus is **enlarged** in size and normal echotexture.
- 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 :- Bulky uterus.**





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## ECHOCARDIOGRAPHY REPORT

Name : Mrs. Muskan  
Date : 17/11/2024  
IPID No. :  
Ref. By : Self

Age/Sex : 32/F  
ECHO No. :  
UHID No. :  
Done By : Dr. Anil Kr. Singh

### MITRAL VALVE

Morphology **AMI - Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming**  
PMI **- 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 MVAcm<sup>2</sup>  
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/Rstricted 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 2.1	(2.0 - 3.7cm)	LAcs 3.7	(1.9 - 4.0cm)
LV es 2.4	(2.2 - 4.0cm)	LV ed 4.3	(3.7 - 5.6cm)
IVS ed 0.7	(0.5 - 1.1cm)	PW (IV) 1.0	(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

