

PATHOLOGY REPORT

Name:- Mrs. Guddi Kumari	Age :34Y/F	Date :-22/07/2023
Ref. By :- Dr. Bank Of Baraūda	(E.C.No99531)	Serial Number :- 0223

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	11.4	gm/dl	12 - 17
Total Leukocyte Count	8,300	/Cumm.	4000 - 11000
RBC Count	4.23	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	35.6	%	30 - 50
Platelet Count	1.36	Lakhs/c.mm	1.5 - 4.5
MCV	84.2	fl	80 - 100
MCH	26.2	pg	26 - 34
MCHC	31.2	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	20	mm/1 st hr.	00 - 20

end of report

Signature

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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	22.0	mg/dl	13 - 45
S. Creatinine	0.72	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	10.27	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	140.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.12	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94 - 110
S. Calcium	9.16	mg/dl	8.7 - 11.0
S. Uric Acid	3.83	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

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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	0.81	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05 - 40
S. SGOT (AST)	32.0	U/L	05 - 40
S.GGT	30.0	U/L	05 - 45
S. Alkaline Phosphatase	73.4	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.89	g/dl	6.0 - 8.3
S. Albumin	3.72	g/dl	3.2 - 5.0
S. Globulin	3.17	g/dl	2.8 - 4.5
S. A/G Ratio	1.17		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	212.0	mg/dl	130 - 200
S. Triglycerides	155.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	31.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	133.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.41		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.77		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	89.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	110.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

TEST	RESULT	UNIT
HbA1c	4.9	%

Mean Blood Glucose level (MBG) – 90.2 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



URMILA HEART & MULTI SPECIALITY HOSPITAL

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	120.2	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.51	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.42	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 expeted 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	Lt Yellow
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	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	

Signature

NAME :- GUDDI KUMARI .
REFD.BY:- DR./SELF.

DATE :- 22/07/2023
SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is normal in size [14.34 cm] and normal echotexture.
No focal lesion is seen. I.H.B.R. are not dilated.

GB:- Normal distention. Walls are not thickened (3.0 mm) . No evidence
of calculus ,sludge ,or mass lesion seen.

C.B.D:- C.B.D. is normal in caliber.

Pancreas:- Pancreas normal in size shape and echo texture.

Spleen:- Normal in shape, size & contour . (bipolar length is 10.14cm).

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.


UB:- Urinary bladder is smoothly outlined. There is no calculus within.

Uterus:- Uterus measures 7.34 x 3.69 x 3.39 cm.
Uterus is normal in size and normal echo texture.

Adnexa:- **A hypoechoic cystic ara measuring about 3.51x2.36cm.seen in
Lt. ovary.Rt. ovary is normal.**

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

IMPRESSION :- Lt. Ovarian cyst.



(sonologist)



ECHOCARDIOGRAPHY REPORT

Name : Mrs. Guddi Kumari
Date : 22/07/2023
IPID No. :
Ref. By : Self

Age/Sex : 30/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.

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 3.3	(1.9 – 4.0cm)
LV es 3.1	(2.2 – 4.0cm)	LV ed 4.8	(3.7 – 5.6cm)
IVS ed 0.8	(0.6 – 1.1cm)	PW (LV) 0.8	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVd (ml)	
EF 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

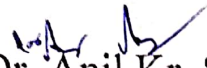
RA Normal/Enlarged/Clear/Thrombus

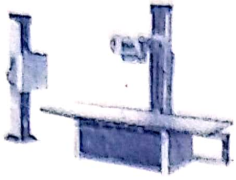
RV Normal/Enlarged/Clear/Thrombus

PERICARDIUM Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

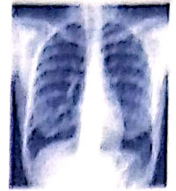
All Chambers are Normal in Size
Normal LV Systolic & Diastolic Function
No RWMA/LVEF=60%
No MR/AR /PR/TR
Normal Pericardium


Dr. Anil Kr. Singh
Cardiologist



Raj Digital X-Ray

CHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed.....

Referred by Dr.....

PATIENT ID	: 2207202304	PATIENT NAME	: GUDDI KUMARI AGE 30YRS
AGE	: -	SEX	: Female
REF. PHY.	: DR A K SINGH M B B S	STUDY DATE	: 22-Jul-2023

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY:

COMPARISON:

None

TECHNIQUE:

Frontal projections of the chest were obtained

FINDINGS:

- Both lung fields are clear.
- Both costophrenic angles appear normal.
- The tracheal lucency is centrally placed.
- The mediastinal and diaphragmatic outlines appear normal.
- The heart shadow is normal.
- The bony thoracic cage and soft tissues are normal.

IMPRESSION:

1. The study is within normal limits.

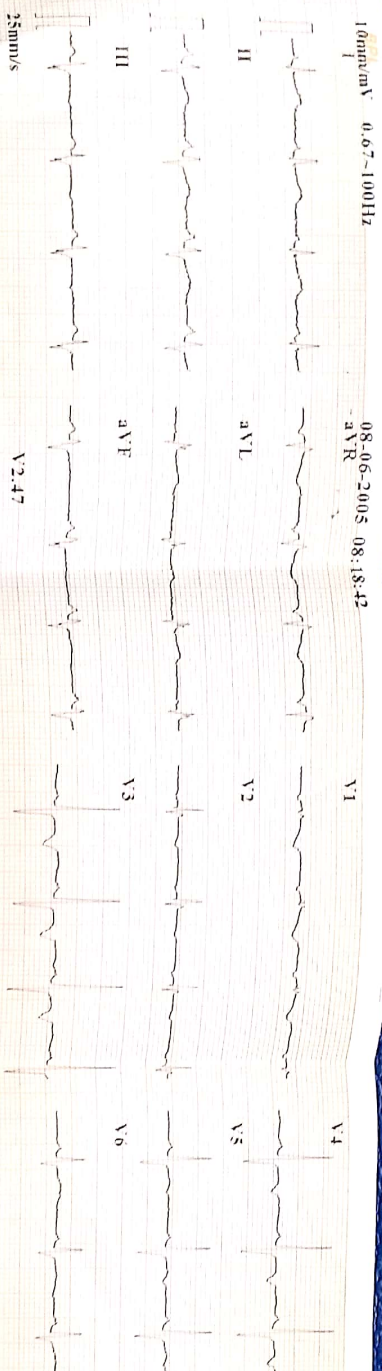
Dr AMIT KHARAT
M BBS, DMRC, DNB, MNAMS, PhD, FICR
Consultant Radiologist
Reg No: 88950

Dr Amit Kharat
22nd Jul 2023

(NOT VALID FOR MEDICO LEGAL PURPOSE)

Facilities Available : 300 MA X-Ray Machine (Digital CR) # Computerised ECG





10mm/mV 0.67-100Hz
 08-06-2005 08:18:42
 -aVR

ID : 050608-0818
 Name : *Andriyani*
 Age : 50 yr
 Sex : Female
 BP : mmHg
 Height : cm
 Weight : kg

HR : 85 bpm
 PR : 80 ms
 QRS Dur : 98 ms
 QT Dur : 120 ms
 QTc Int : 363.433 ms
 ?QRSST axis : 60-60.5 °
 RV5-SV1 amp : 0.904/0.072 mV
 RV5-SV1 amp : 0.976 mV
 RV6-SV2 amp : 0.569/0.197 mV

Minnesota Code: 0-4-0(I,II,III,AVR,VL,V3,VA,VS,VI)
 0-5-0

Diagnosis Information:
 S00: Sinus Rhythm
 402: Pre-excitation Syndrome

Report Confirmed by: