



URMILA HEART

& MULTI SPECIALITY HOSPITAL

PATHOLOGY REPORT

Address

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

Name:- Mrs. Deep Shikha	Age :30Y/F	Date :-14/09/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No124232)	Serial Number :- 0142

<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	4.46	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.0	%	30 - 50
Platelet Count	1.40	Lakhs/c.mm	1.5 - 4.5
MCV	85.0	fl	80 - 100
MCH	25.1	pg	26 - 34
MCHC	31.5	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	22	mm/1 st hr.	00 - 20

end of report

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BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Creatinine	0.74	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.60	mg/dl	6.0 - 21
S. Uric Acid	3.58	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"O" 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	0.77	mg/dl	Adults: 0.1 - 1.2	Infants: 1.2 - 12
S. SGPT (ALT)	38.0	U/L	05	- 40
S. SGOT (AST)	30.0	U/L	05	- 40
S.GGT	34.0	U/L	05	- 45
S. Alkaline Phosphatase	118.3	U/L	Adult -- 25	- 140
			Children (1 – 12 yrs.) -- 104	- 390
S. Total Protein	6.95	g/dl	6.0	- 8.3
S. Albumin	3.82	g/dl	3.2	- 5.0
S. Globulin	3.13	g/dl	2.8	- 4.5
S. A/G Ratio	1.22			

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Lipid Profile – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	190.0	mg/dl	130 - 200
S. Triglycerides	130.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	26.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	116.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.95		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.41		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	85.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	110.0	mg/dl	80 - 160

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	126.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	8.10	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.86	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	Straw
Specific Gravity	1.020
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
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GLYCOSYLATED HEMOGLOBIN

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

Mean Blood Glucose level (MBG) – 90.02 mg/dl

Normal Reference Values

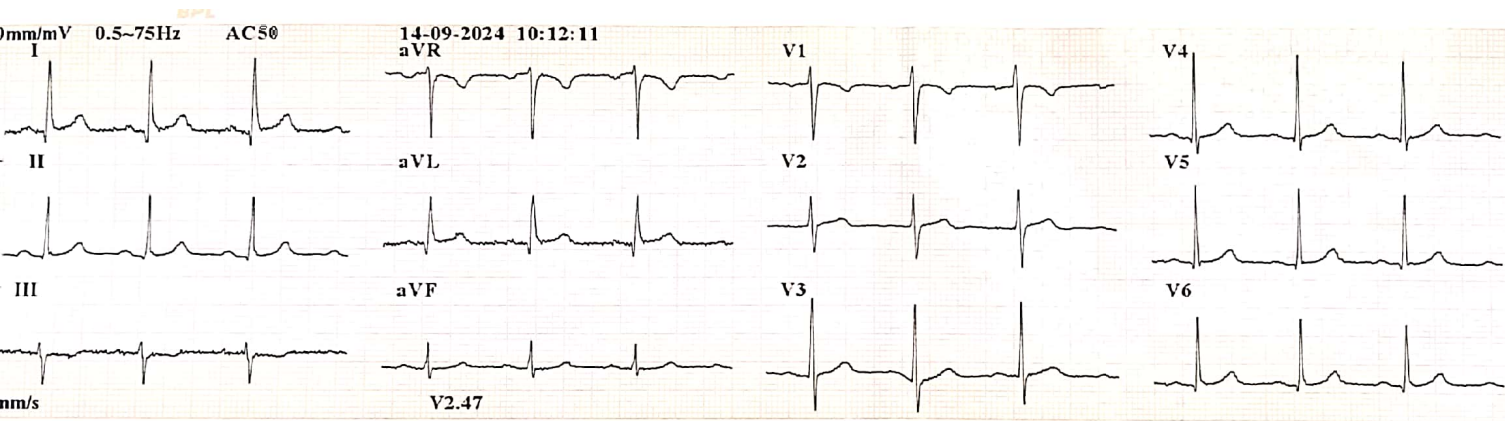
Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

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.

end of report

Signature





ID : 240914-1012
 Name :
 Age : 30 yr
 Sex : Female
 BP : mmHg
 Height : cm
 Weight : kg

Minnesota Code:
 9-4-1(V3)

Dip. Shikha

HR : 80 bpm
 P Dur : 109 ms
 PR int : 178 ms
 QRS Dur : 100 ms
 QT/QTc int : 349/403 ms
 P/QRS/T axis : 43/12/21 °
 RV5/SV1 amp : 1.279/1.039 mV
 RV5+SV1 amp : 2.318 mV
 RV6/SV2 amp : 1.128/0.587 mV

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed by:

ECHOCARDIOGRAPHY REPORT

Name : Mrs. Deep Shikha
Date : 14/09/2024
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>
Aorta 2.8	(2.0 – 3.7cm)
LV es 2.7	(2.2 – 4.0cm)
IVS ed 1.0	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)
LVVd (ml)	
LVEF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 3.0	(1.9 – 4.0cm)
LV ed 4.0	(3.7 – 5.6cm)
PW (LV) 1.1	(0.6 – 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVs (ml)	
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



MRS. DEEPSHIKHA

30

Female

64.2 %

Chest PA

14-09-24 2.11.03 PM

DR. A.K. SINGH

URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA, MUZAFFARPUR

