



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mrs. Ar Jeeta Kumari	Age :-28Y/ 1	Date :-24/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No 118076)	Serial Number :- 0242

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.0	gm/dl	12 - 17
Total Leukocyte Count	5,100	/Cumm.	4000 - 11000
RBC Count	4.21	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	37.3	%	30 - 50
Platelet Count	1.58	Lakhs/c.mm	1.5 - 4.5
MCV	88.6	fl	80 - 100
MCH	27.1	pg	26 - 34
MCHC	31.6	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	14	mm/1 st hr.	00 - 20

end of report

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Name:- Mrs. Arojeeta Kumari	Age :-28Y/F	Date :-24/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No 118076)	Serial Number :- 0242

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	0.88	mg/dl	Male 0.7	-	1.4
			Female 0.6	-	1.2
S. BUN	10.74	mg/dl	6.0	-	21
S. Sodium (Na ⁺)	138.4	mmol/ltr	135	-	150
S. Potassium(K ⁺)	4.19	mmol/ltr	3.5	-	5.5
S. Chloride(Cl ⁻)	103.8	mmol/ltr	94	-	110
S. Calcium	9.29	mg/dl	8.7	-	11.0
S. Uric Acid	3.13	mg/dl	Male 3.5	-	7.2
			Female 2.5	-	6.2

BLOOD GROUPING

Grouping (ABO)	:	"B" 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	0.75	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05 - 40
S. SGOT (AST)	33.0	U/L	05 - 40
S.GGT	35.0	U/L	05 - 45
S. Alkaline Phosphatase	91.4	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.28	g/dl	6.0 - 8.3
S. Albumin	4.11	g/dl	3.2 - 5.0
S. Globulin	3.17	g/dl	2.8 - 4.5
S. A/G Ratio	1.29		

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Name:- Mrs. Apneeta Kumari	Age :-28Y/F	Date :-24/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No 118076)	Serial Number :- 0242

Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Cholesterol	150.0	mg/dl	130	- 200
S. Triglycerides	70.0	mg/dl	Fasting: 25	- 160
S. VLDL-Cholesterol	14.0	mg/dl	10	- 40
S. HDL-Cholesterol	40.0	mg/dl	Male: 30	- 65
			Female: 35	- 80
S. LDL-Cholesterol	96.0	mg/dl	60	- 150
Ratio of Cholesterol/HDL	3.75		Low Risk: <3.0	
			Average Risk: 03	- 5.0
			High Risk: >5.0	
LDL/HDL Ratio	2.4		1.5	- 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
P. Glucose Fasting	86.0	mg/dl	70	- 110
P. Glucose-Post Prandial (after 1.30hrs meal)	108.0	mg/dl	80	- 160

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Name:- Mrs. Apneeta Kumari	Age :-28Y/F	Date :-24/03/2024
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GLYCOSYLATED HEMOGLOBIN

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

Mean Blood Glucose level (MBG) – 95.7 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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Name:- Mrs.Aprojeeta Kumari	Age :-28Y/F	Date :-24/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No 118076)	Serial Number :- 0242

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	140.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.98	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.97	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
end of report

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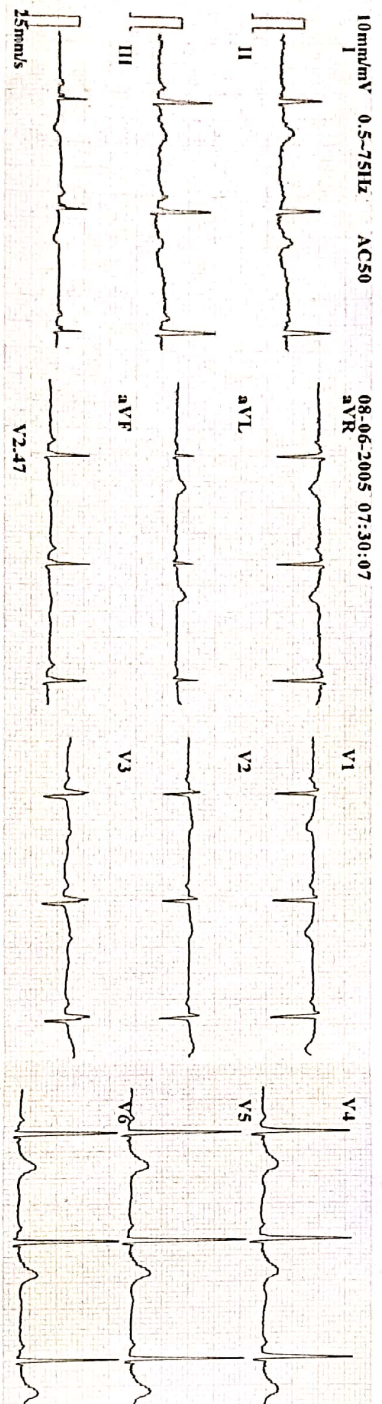
Name:- Mrs. Arojeeta Kumari	Age :-28Y/F	Date :-24/03/2024
Ref. By :- Dr. Bank Of Barauda	(E.C.No 118076)	Serial Number :- 0242

Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.025
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 : 050608-0792
 Name : 28 yr
 Age : Female
 Sex : Female
 BP : mmHg
 Height : cm
 Weight : kg
 HR : 67 bpm
 P Dur : 92 ms
 PR int : 137 ms
 QRS Dur : 69 ms
 QT/QTc int : 372/394 ms
 2/QRST axis : 76/51/14 °
 RV5/SV1 amp : 2.093/0.783 mV
 RV5+SV1 amp : 2.876 mV
 RV6/SV2 amp : 1.833/0.524 mV

Minnesota Code:
 9-1-1(V3)

Aparijada Kauri

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed by:



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Name :- Aprajita Kumari
Refd.By:- Dr./Self.

Date :- 24/03/2024
Sex:- F

Thanks for the kind referral.
USG of Whole Abdomen

- Liver:-** Liver is normal in , size [136.3mm] 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 95.4 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 77.7 x 37.0 x 35.3 mm. A/V in position . Uterus is normal in size and normal echotexture. Endometrium and Myometrium texture appears normal. Cervix texture appears normal.
- Adnexa:-** Lt. ovary is normal in shape and size, no mass or cyst seen . A hypoechoic cystic area measuring 35.7 x 35.5 mm seen in Rt. ovary.
- P.O.D.:-** No collection seen.
- Free fluid :-** No free fluid is noted in the peritoneal cavity.
- OTHERS :-** No ascites or lymph nodes seen.

Impression :- Rt. ovarian simple cyst.

Dr. A.
24/4/2024





APRAJITA
Chest PA

28

Female

69.4 %

24-03-24 2:51:49 PM

DR. A. K. SINGH

URMILA HEART & MULTISPECIALITY HOSPITAL, NAYA TOLA MUZAFFARPUR



<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 3.2	(2.0 – 3.7cm)	LAes 3.4	(1.9 – 4.0cm)
LV es 2.4	(2.2 – 4.0cm)	LV ed 4.0	(3.7 – 5.6cm)
IVS ed 0.9	(0.6 – 1.1cm)	PW (LV) 1.1	(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
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