

PATHOLOGY REPORT

Name:- Mrs. Pinki Gupta	Age :31Y/F	Date :-16/02/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No101285)	Serial Number :- 0161

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	9.2	gm/dl	12 - 17
Total Leukocyte Count	5,300	/Cumm.	4000 - 11000
RBC Count	3.79	Million/Cumm.	3.8 - 5.2
PCV / Haematocrit	30.8	%	30 - 50
Platelet Count	1.50	Lakhs/c.mm	1.5 - 4.5
MCV	81.3	fl	80 - 100
MCH	24.5	pg	26 - 34
MCHC	30.1	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	65	%	40 - 70
Lymphocyte	25	%	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

Signature



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>		
S. Urea	26.0	mg/dl	13	-	45
S. Creatinine	0.95	mg/dl	Male 0.7	-	1.4
			Female 0.6	-	1.2
S. BUN	12.14	mg/dl	6.0	-	21
S. Sodium (Na ⁺)	138.8	mmol/ltr	135	-	150
S. Potassium(K ⁺)	3.95	mmol/ltr	3.5	-	5.5
S. Chloride(Cl ⁻)	101.3	mmol/ltr	94	-	110
S. Calcium	9.30	mg/dl	8.7	-	11.0
S. Uric Acid	3.88	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	0.77	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	36.0	U/L	05 - 45
S. Alkaline Phosphatase	98.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.10	g/dl	6.0 - 8.3
S. Albumin	3.98	g/dl	3.2 - 5.0
S. Globulin	3.12	g/dl	2.8 - 4.5
S. A/G Ratio	1.27		

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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	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	114.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.80		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.28		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	90.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	115.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.88	%

Mean Blood Glucose level (MBG) – 98.3 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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Urine Routine And Microscopy

TEST	RESULTS
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
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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	121.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.05	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	1.83	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

Signature



ECHOCARDIOGRAPHY REPORT

Name : Mrs. Pinky Gupta
Date : 16/02/2024
IPID No. :
Ref. By : BOB

Age/Sex : 32/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 2.1	(2.0 – 3.7cm)	LAes 2.9	(1.9 – 4.0cm)
LV es 3.2	(2.2 – 4.0cm)	LV ed 3.4	(3.7 – 5.6cm)
IVS ed 1.0	(0.6 – 1.1cm)	PW (LV) 0.2	(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**

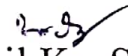
RA **Normal/Enlarged/Clear/Thrombus**

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 dysfunction
No RWMA/LVEF=60%
No MR/AR/PR/TR
Normal Pericardium


Dr. Anil Kr. Singh
Cardiologist

NAME :- PINKY GUPTA .
REFD.BY:- DR./SELF.

DATE :- 16/02/2024
SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is normal in size [12.23 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 09.26cm).

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 6.61 x 3.65 x 3.39 cm.
Uterus is normal in size and normal echo texture.

Adnexa:- B/L ovaries are normal shape in size.

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

IMPRESSION :- Normal Study.



(sonologist)

10mm/mV 0.5-751Hz AC50

08-06-2005 08:38:56

aVR

V1

V4

ID : 050608-0839

Minnesota Code:

Name :

6-5-0

Age : 32 yr

4-5-0(V4)

Sex : Female

4-2-0(II,aVF,V6)

BP :

5-5-0(II,V5,V6)

Height : cm

9-4-1(V3)

Weight : kg

HR : 67 bpm

P Dur : 84 ms

PR int : 100 ms

QRS Dur : 82 ms

QT/QTc int : 356/378 ms

Q/RS/T axis : 68/39/-16 °

RV5/SV1 amp : 1.206/1.017 mV

RV5+SV1 amp : 2.223 mV

RV6/SV2 amp : 1.335/0.743 mV

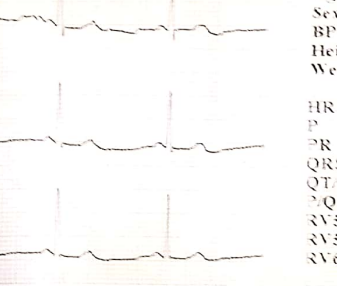
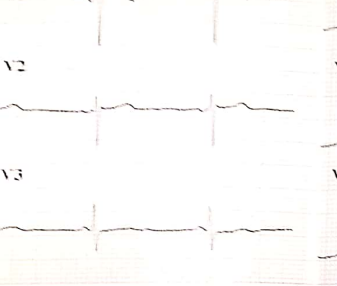
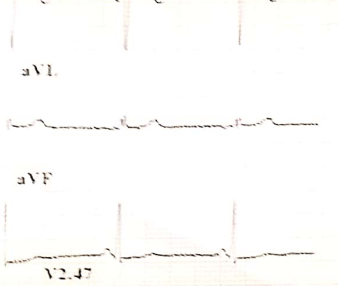
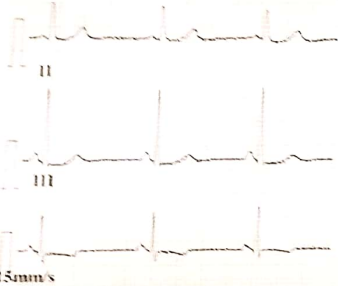
Diagnosis Information:

800: Sinus Rhythm

401: Short PR Interval

632: Slight ST-T Abnormality(II,aVF,V6)

Pinky - Kelly



25mm/s

Report Confirmed by:



R

PINKY GUPTA
Chief PA

16-02-2025 11:00 AM
YOLA MIZANTANPUR

