



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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

PATHOLOGY REPORT

Name:- Mrs. Upasna	Age :33Y/F	Date :-24/02/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No 169106)	Serial Number :- 0241

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	11.4	gm/dl	12 - 17
Total Leukocyte Count	6,100	/Cumm.	4000 - 11000
RBC Count	3.58	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	35.1	%	30 - 50
Platelet Count	2.41	Lakhs/c.mm	1.5 - 4.5
MCV	98.3	fl	80 - 100
MCH	30.3	pg	26 - 34
MCHC	32.8	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

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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	0.79	mg/dl	Male 0.7	-	1.4
			Female 0.6	-	1.2
S. BUN	14.41	mg/dl	6.0	-	21
S. Sodium (Na ⁺)	144.1	mmol/ltr	135	-	150
S. Potassium(K ⁺)	3.95	mmol/ltr	3.5	-	5.5
S. Chloride(Cl ⁻)	103.4	mmol/ltr	94	-	110
S. Calcium	9.19	mg/dl	8.7	-	11.0
S. Uric Acid	3.95	mg/dl	Male 3.5	-	7.2
			Female 2.5	-	6.2

BLOOD GROUPING

Grouping (ABO)	:	"A" 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	0.71	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05 - 40
S. SGOT (AST)	30.0	U/L	05 - 40
S.GGT	37.0	U/L	05 - 45
S. Alkaline Phosphatase	90.8	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.05	g/dl	6.0 - 8.3
S. Albumin	4.01	g/dl	3.2 - 5.0
S. Globulin	3.04	g/dl	2.8 - 4.5
S. A/G Ratio	1.31		

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Lipid Profile – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	196.0	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	52.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	118.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.76		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.26		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	80.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	101.0	mg/dl	80 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.85	%

Mean Blood Glucose level (MBG) – 93.83 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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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	118.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.02	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.10	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).
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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
end of report	

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NAME :- UPASANA .
REFD.BY:- DR./SELF.

DATE :- 25/02/2024
SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is normal in size [11.05 cm] and shows 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 08.75cm).

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 7.64 x 4.10 x 3.39 cm.
Uterus is normal in size and normal echo texture.

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

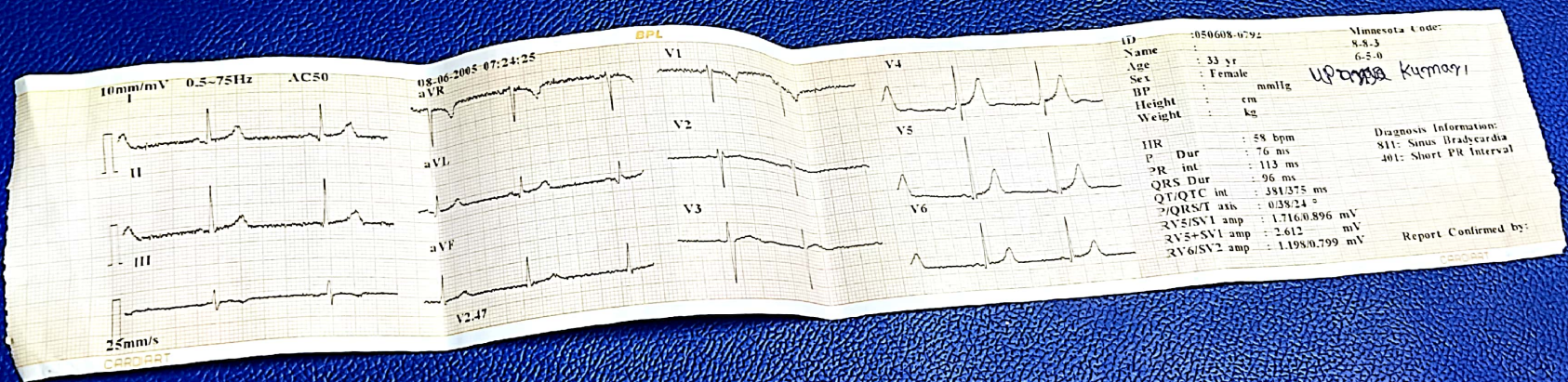
Free fluid:- No free fluid is noted in the peritoneal cavity.

P.O.D:- **Minimal collection seen .**

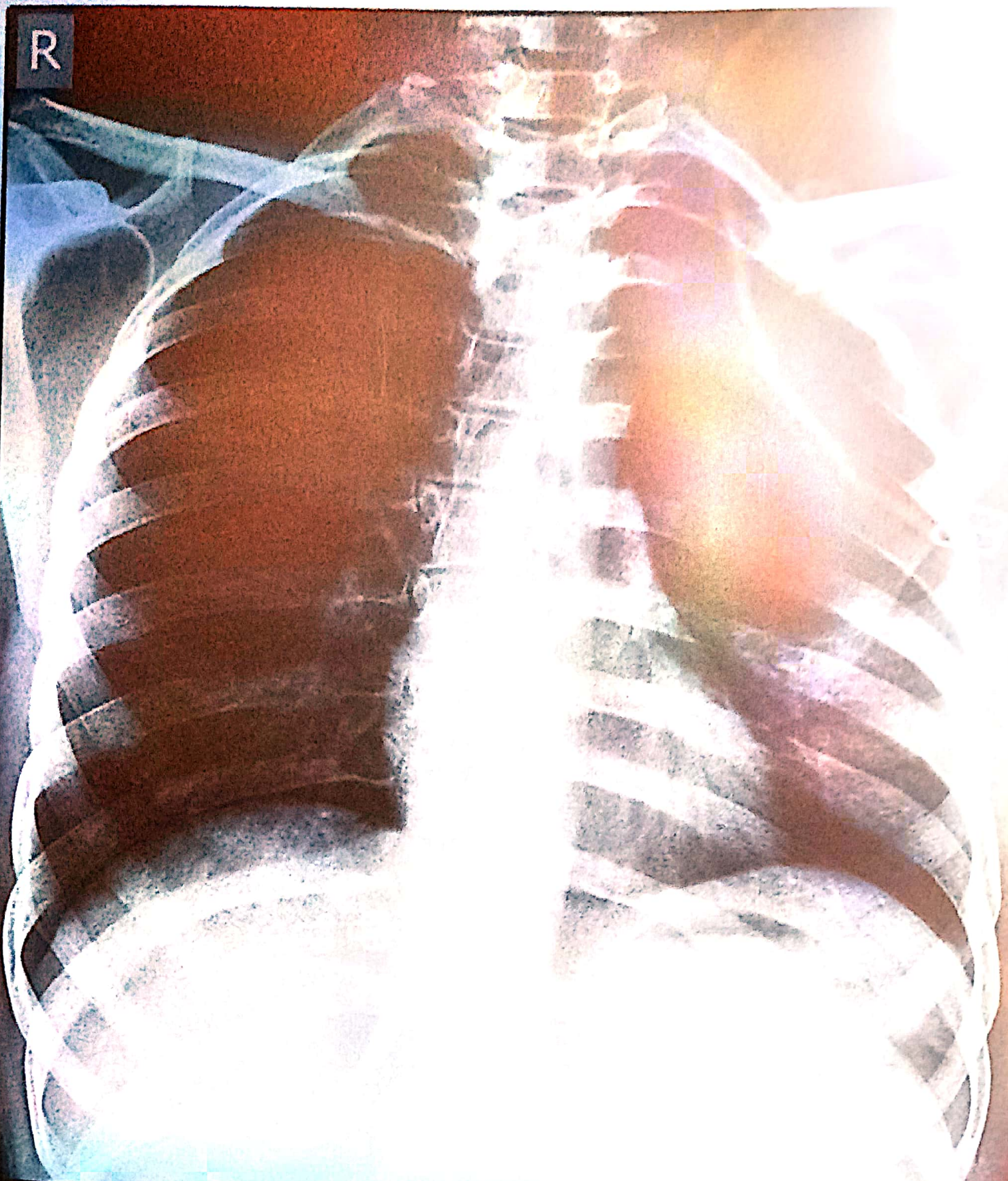
IMPRESSION :- P.O.D collection.

(sonologist)





R



UPASNA
Chest PA

33 Female
24-02-24 2:18:50 PM

69.4 %
SELF

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