



# URMILA HEART & MULTI SPECIALITY HOSPITAL

## PATHOLOGY REPORT

### Address

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

Name:- Mrs. Soni Kumari	Age :31Y/F	Date :-15/11/2024
Ref. By :- Dr. Bank Of Baroda	(E.C.No119107)	Serial Number :- 0151

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.6	gm/dl	12 - 17
Total Leukocyte Count	6,700	/Cumm.	4000 - 11000
RBC Count	4.23	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.7	%	30 - 50
Platelet Count	1.22	Lakhs/c.mm	1.5 - 4.5
MCV	91.5	fl	80 - 100
MCH	28.6	pg	26 - 34
MCHC	31.3	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	66	%	40 - 70
Lymphocyte	26	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	06	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1 <sup>st</sup> 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	23.0	mg/dl		13 - 45
S. Creatinine	0.78	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2	
S. BUN	10.74	mg/dl		6.0 - 21
S. Sodium (Na')	142.6	mmol/ltr		135 - 150
S. Potassium(K')	4.08	mmol/ltr		3.5 - 5.5
S. Chloride(Cl')	103.4	mmol/ltr		94 - 110
S. Calcium	9.14	mg/dl		8.7 - 11.0
S. Uric Acid	5.20	mg/dl	Male	3.5 - 7.2

### BLOOD GROUPING

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

\*\*\*end of report\*\*\*

  
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Date :-15/11/2024

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(E.C.No119107)

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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	0.98	mg/dl	Adults: 0.1	-	1.2
			Infants: 1.2	-	12
S. SGPT (ALT)	35.0	U/L	05	-	40
S. SGOT (AST)	38.0	U/L	05	-	40
S. Alkaline Phosphatase	97.2	U/L	Adult -- 25	-	140
			Children (1 – 12 yrs.) -- 104	-	390
S. Total Protein	7.32	g/dl	6.0	-	8.3
S. Albumin	4.18	g/dl	3.2	-	5.0
S. Globulin	3.14	g/dl	2.8	-	4.5
S. A/G Ratio	1.33				

\*\*\*end of report\*\*\*

*Jos*  
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### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	198.0	mg/dl	130 - 200
S. Triglycerides	185.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	37.0	mg/dl	10 - 40
S. HDL-Cholesterol	48.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	113.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.12		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.35		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

\*\*\*end of report\*\*\*

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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.89	%

Mean Blood Glucose level (MBG) – 91.02 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\*\*\*

*J.S.*  
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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	116.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.46	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.19	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 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  
\*\*\*end of report\*\*\*

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**Urine Routine And Microscopy**

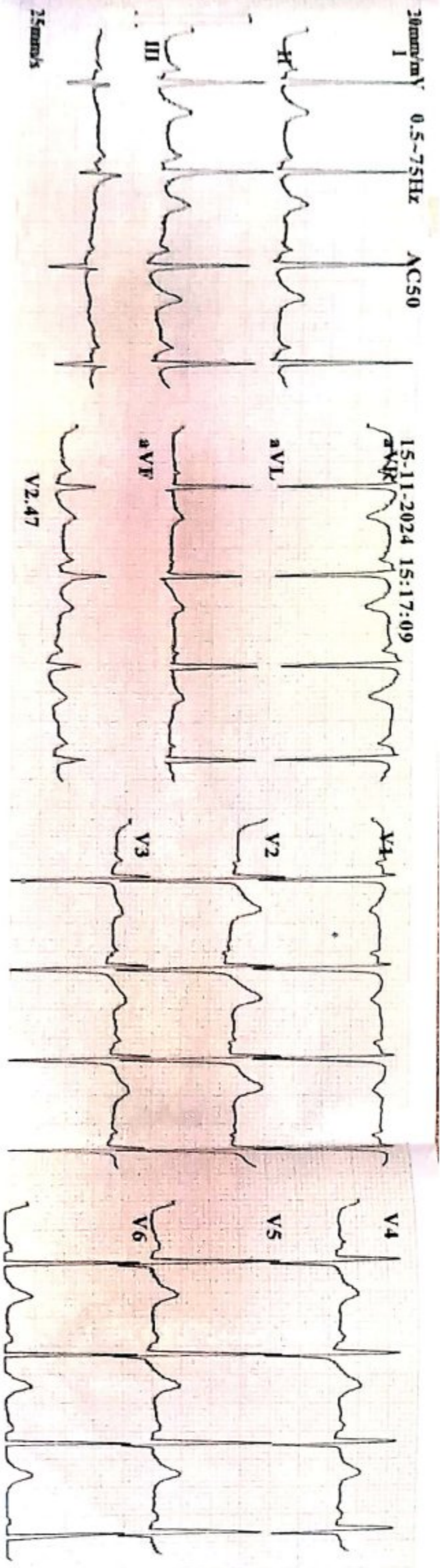
<b><u>TEST</u></b>	<b><u>RESULTS</u></b>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	6.0
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	<b>Present (+)</b>
Crystal/Cast	Nil
Other	Nil

\*\*\*end of report\*\*\*

*Signature*  
Signature







ID : 241115-1518  
 Name :  
 Age : 32 yr  
 Sex : Female  
 BP :  
 Height : cm  
 Weight : kg  
 HR : 94 bpm  
 P Dur : 85 ms  
 PR Int : 111 ms  
 QRS Dur : 92 ms  
 QT/QTc Int : 332/416 ms  
 P/QRS/T axis : 59/26/39 °  
 RV5/SV1 amp : 1.080/1.067 mV  
 RV6/SV2 amp : 2.147 mV  
 RV6/SV2 amp : 1.148/0.947 mV

Minnesota Code:  
 6-5-0  
 9-4-2(V4)  
*Soni-Kumar*

Diagnosis Information:  
 800: Sinus Rhythm  
 401: Short PR Interval

Report Confirmed by:



R





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NAME :- Soni Kumari,  
REFD.BY:- Dr./Self.

DATE :- 15/11/2024  
SEX:- F

Thanks for the kind referral.  
USG of Whole Abdomen

- Liver:** -Liver is enlarged in shape, size [154.0 mm] with shows fatty infiltration.  
Movements of both domes of diaphragm appears normal
- GB:-** Normal distention. Walls are not thickened (2.0 mm) . 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 104.5 mm ).
- Kidneys:-** Rt. kidney ( 92.0 x 27.0 mm )      Lt. kidney ( 97.4 x 53.8 mm )  
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 84.5 x 38.2 x 35.0 mm. A/V in position .  
Uterus is normal in size and normal echotexture.
- Adnexa:-** Both ovary are normal in shape and size, no mass or cyst seen .
- P.O.D.:-** No collection seen.
- Free fluid :-** No free fluid is noted in the peritoneal cavity.
- Other :-** A herniated bowel loops seen in umbilicus region.

**Impression :-** 1. Hepatomegaly with fatty liver.  
2. A herniated bowel loops seen in umbilicus region.

S/O Umbilical hernia.

  
Sonologist.









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## ECHOCARDIOGRAPHY REPORT

Name : Mrs. Soni Kumari  
Date : 15/11/2024  
IPID No. :  
Ref. By : Self

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. Score: \_\_\_\_\_  
Subvalvular deformity Present/Absent. A>E  
Doppler Normal/Abnormal E>A RRInterval \_\_\_\_\_ msec  
Mitral Stenosis Present/Absent MVAcm2  
EDG \_\_\_\_\_ mmHg Absent/Trivial/Mild/Moderate/Severe.  
Mitral Regurgitation

### TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
Doppler Normal/Abnormal RR interval \_\_\_\_\_ msec.  
Tricuspid stenosis Present/Absent  
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. Level  
Pulmonary stenosis Present/Absent Pulmonary annulus \_\_\_\_\_ mm  
Pulmonary regurgitation Present/Absent  
Early diastolic gradient \_\_\_\_\_ mmHg. End diastolic gradient \_\_\_\_\_ mmHg

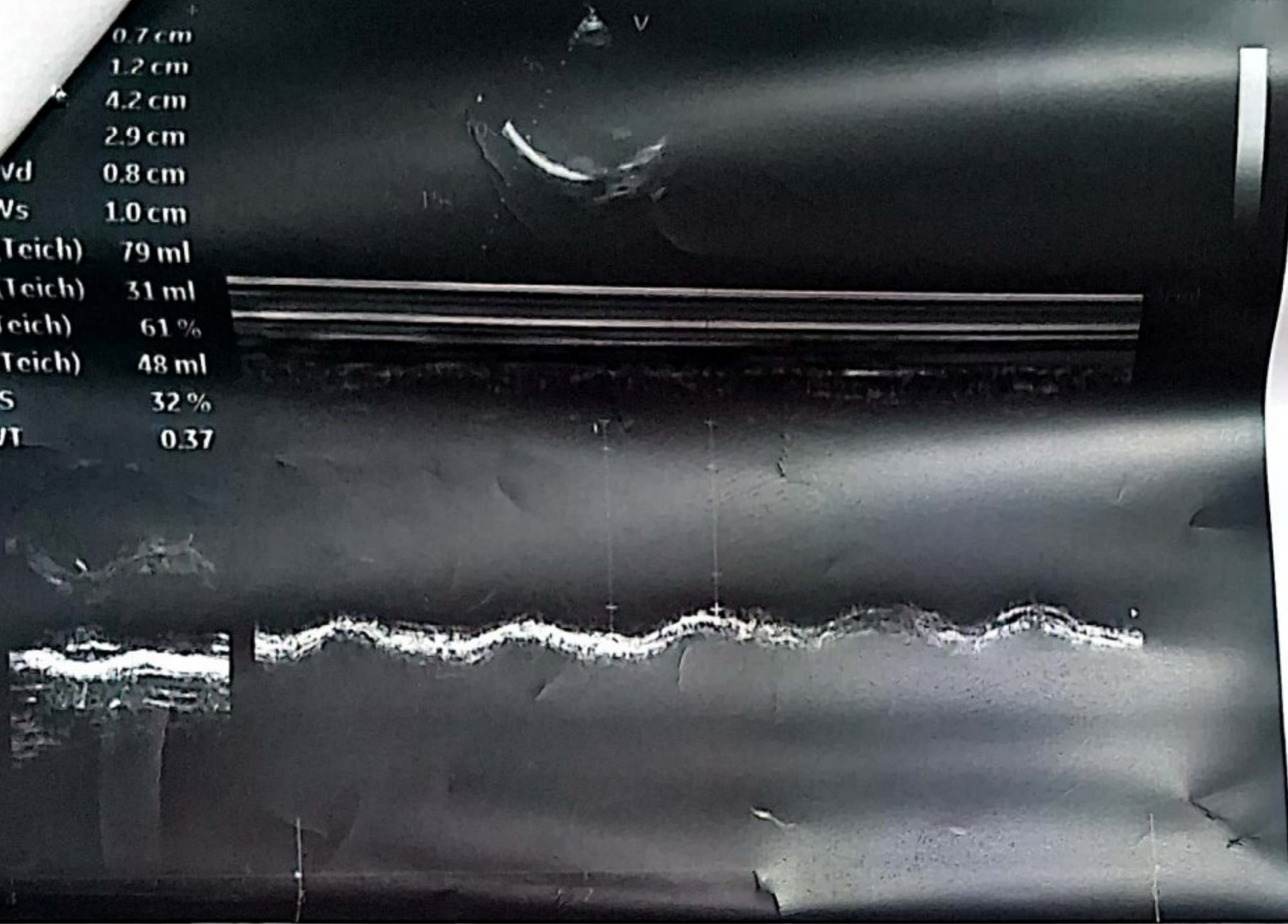
### AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
No. of cusps 1/2/3/4  
Doppler Normal/Abnormal Present/Absent Level  
Aortic Stenosis PSG mmHg Aortic annulus \_\_\_\_\_ mm  
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.





0.7 cm  
1.2 cm  
4.2 cm  
2.9 cm  
Vd 0.8 cm  
PWs 1.0 cm  
EDV(Teich) 79 ml  
ESV(Teich) 31 ml  
EF(Teich) 61 %  
SV(Teich) 48 ml  
%FS 32 %  
RWT 0.37



GE  
Sona Kumar  
15/11/2024

Ao Diam 2.2 cm  
LA Diam 3.1 cm  
LA/Ao 1.43





Measurements

Aorta 2.2  
LV es 2.9  
IVS ed 0.7  
RVed  
LVVd (ml)  
LVEF 60%

Normal Values

(2.0 - 3.7cm)  
(2.2 - 4.0cm)  
(0.6 - 1.1cm)  
(0.7 - 2.6cm)  
(54%-76%)

Measurements

LAes 3.1  
LV ed 4.2  
PW (LV) 1.0  
RV Anterior wall  
LVVs (ml)  
IVS motion

Normal values

(1.9 - 4.0cm)  
(3.7 - 5.6cm)  
(0.6 - 1.1cm)  
(upto 5 mm)

CHAMBERS:

LV

Regional wall motion abnormality

LA

RA

RV

PERICARDIUM

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

Normal/Enlarged/Clear/Thrombus/Hypertrophy  
Contraction Normal/Reduced

Absent/Present

Normal/Enlarged/Clear/Thrombus

Normal/Enlarged/Clear/Thrombus

Normal/Enlarged/Clear/Thrombus

Normal/Thickening/Calcification/Effusion

Dr. Anil Kr. Singh  
Cardiologist