

14

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URMILA HEART & MULTI SPECIALITY HOSPITAL

उर्मिला हार्ट एण्ड मल्टी स्पेशियलिटी हॉस्पिटल

Naya Tola, Opp. Polytechnic, Muzaffarpur

डॉ० अनिल कुमार सिंह

एम.बी.बी.एस., डीप.कार्ड, पी.जी.डी.सी.सी., एफ.सी.आर.
(अपोलो हॉस्पिटल)

फिजिसियन एवं हृदय रोग विशेषज्ञ

सादर अस्पताल, मुजफ्फरपुर
भूतपूर्व कार्डियोलॉजिस्ट

फोर्टिस हॉस्पिटल, इस्कॉट हार्ट इन्स्टिट्यूट, नई दिल्ली
सरकारी मेडिकल कॉलेज, एच.ए.एल.डी. (यू.के.)
पुष्पांजली हॉस्पिटल, आगरा
मेम्बर ऑफ आई.ए.सी.सी.



समय:-

सुबह 12 बजे से 03 बजे तक
शाम 6:30 बजे से रात्रि 8 बजे तक

Dr. Anil Kumar Singh

M.B.B.S. DIP Card, PGCC, FCP (Apollo Hospital)
Cardiologist & Consultant Physician
Sadar Hospital, Muzaffarpur

Ex. Cardiologist

Fortis Hospital, Escorts Heart Institute, New Delhi

Govt. Medical College, HALD (UK)

Pushpanjali Hospital, Agra

Member of IACC

Reg. No. : MCI 29908

Pt. Name Mrs. Rupa Kumari

Date 02/12/23

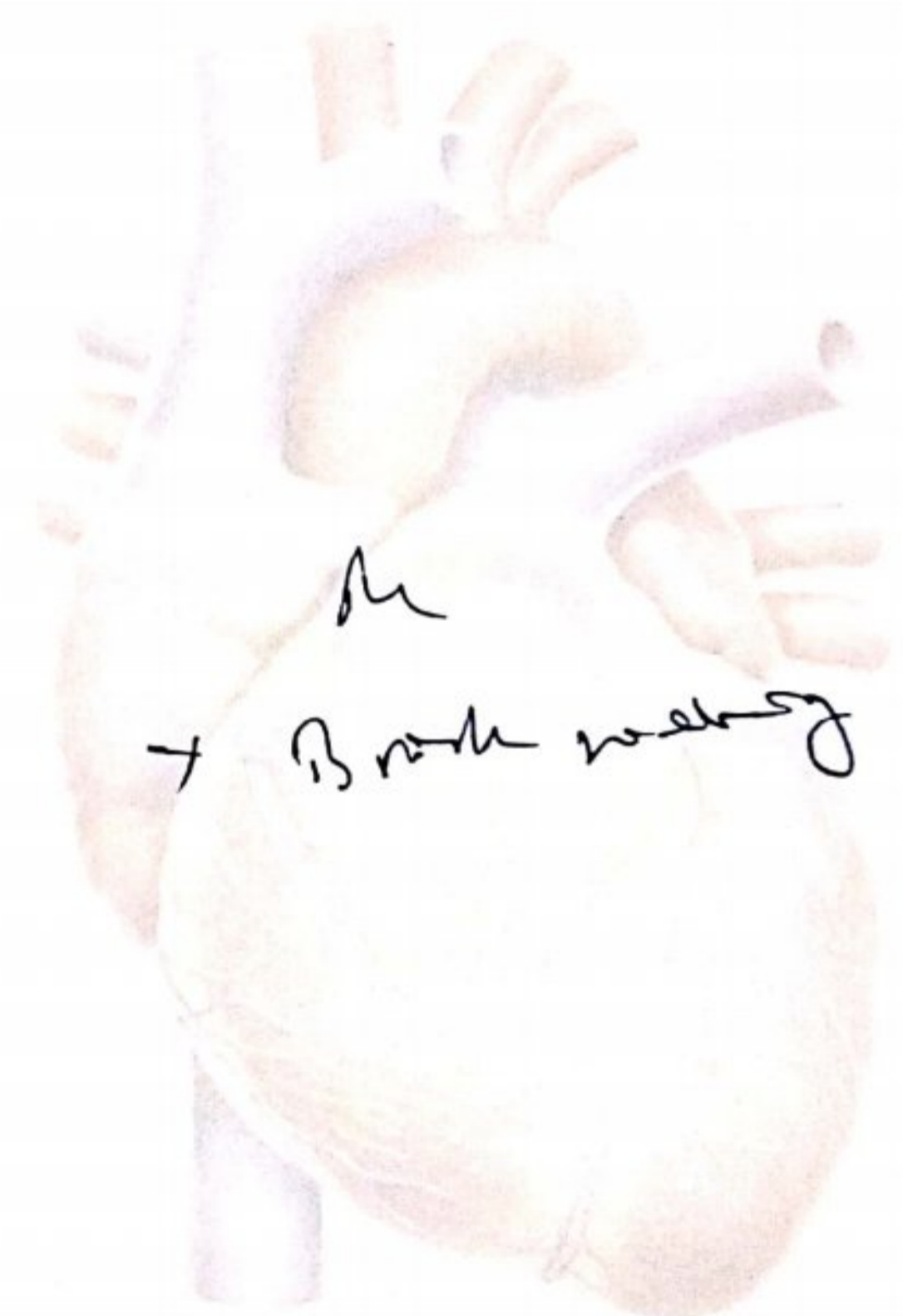
Address BOB

Age 32 Sex F

Wt. B.P.

AP - 100/70
PR - 82bpm
CO - 20
HR - 80

Δ - Prognosis in ...



Block ...

शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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0621-226
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947101

PATHOLOGY REPORT

Name:- Mrs. Rupa Kumari	Age :32Y/F	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No175533)	Serial Number :- 0214

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	10.4	gm/dl	12 - 17
Total Leukocyte Count	10,400	/Cumm.	4000 - 11000
RBC Count	3.74	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	32.3	%	30 - 50
Platelet Count	3.44	Lakhs/c.mm	1.5 - 4.5
MCV	88.4	fl	80 - 100
MCH	27.2	pg	26 - 34
MCHC	31.8	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	16	mm/1 st hr.	00 - 20

end of report

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PATHOLOGY REPORT

Name:- Mrs. Rupa Kumari	Age :32Y/F	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No175533)	Serial Number :- 0214

KFT (KIDNEY Function Test) - serum

TEST	RESULT	UNIT	Reference Values
S. Urea	26.0	mg/dl	13 - 45
S. Creatinine	0.81	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	144.3	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.98	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.3	mmol/ltr	94 - 110
S. Calcium	9.08	mg/dl	8.7 - 11.0
S. Uric Acid	6.11	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

end of report

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PATHOLOGY REPORT

Name:- Mrs. Rupa Kumari	Age :32Y/F	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No175533)	Serial Number :- 0214

LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.85	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	29.0	U/L	05 - 40
S. SGOT (AST)	33.0	U/L	05 - 40
S. GGT	37.0	U/L	05 - 45
S. Alkaline Phosphatase	92.8	U/L	Adult -- 25 - 140 Children (1 - 12 yrs.) -- 104 - 390
S. Total Protein	7.08	g/dl	6.0 - 8.3
S. Albumin	3.91	g/dl	3.2 - 5.0
S. Globulin	3.17	g/dl	2.8 - 4.5
S. A/G Ratio	1.23		

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PATHOLOGY REPORT

Name:- Mrs. Rupa Kumari	Age :32Y/F	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No175533)	Serial Number :- 0214

Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	160.0	mg/dl	130 - 200
S. Triglycerides	105.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	21.0	mg/dl	10 - 40
S. HDL-Cholesterol	41.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	98.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.90		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.39		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	80.0	mg/dl	70 - 160

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PATHOLOGY REPORT

Name:- Mrs. Rupa Kumari	Age :32Y/F	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No175533)	Serial Number :- 0214

GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.83	%

Mean Blood Glucose level (MBG) – 88.0 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

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PATHOLOGY REPORT

Name:- Mrs. Rupa Kumari	Age :32Y/F	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No175533)	Serial Number :- 0214

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	78.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.9	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.59	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).
end of report

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