



ID : 056608-0809  
 Name :  
 Age : 33 yr  
 Sex : Male  
 Height : cm  
 Weight : kg  
 HR : 122 bpm  
 P : 96 ms  
 PR : 154 ms  
 QRS Dur : 85 ms  
 QT/QTc Int : 364/319 ms  
 P/QRS/T axis : 65/87/44 °  
 RV5/SV1 amp : 1.607/0.411 mV  
 RV6/SV2 amp : 1.569/2.041 mV

Minnesota Code:  
 8-7-1  
 +2-6(V3,V6)  
 +3-0(V3,V6)  
 9-4-2(V4)

*Alan Linder*

Diagnostic Information:  
 815: Extreme Tachycardia  
 832: Slight ST E Abnormality(V5,V6)  
 310: P wave Overload of Left Atrium  
 Report Confirmed by:



12

Ph.: 0621-2222211, 0621-2268042, Mob. : 9661179794, 9471013402

# 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

सदर अस्पताल, मुजफ्फरपुर  
भूतपूर्व कार्डियोलोजिस्ट

फोर्टिस हॉस्पिटल, इस्काट हार्ट इन्सटिच्यूट, 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, PGDCC, FCR (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 29808

Pt. Name Mr. Alam Firodos Date 02/12/23

Address BoB Age 33 Sex M Wt. .... B.P. ....

BP - 209/120  
PM - 82/60  
ECG - S  
No Rx

△ - Acc. 17th  
Anxiety Nerv / ECG

OR  
→ T. ECG - T 40/12/23 OP  
✓ T. Metoprolol XL 5000  
T. Lyscena pte 0.5 HS

शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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0621-22680  
Mob. : 96611797  
94710134

**PATHOLOGY REPORT**

<b>Name:- Mr. Alam Firdosh</b>	Age :35Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 74353)	Serial Number :- 0219

<u>TEST</u>	<u>CBC (Complete Blood Count)</u>		<u>Reference Values</u>
	<u>RESULT</u>	<u>UNIT</u>	
Hb (Haemoglobin)	12.0	gm/dl	12 - 17
Total Leukocyte Count	11,300	/Cumm.	4000 - 11000
RBC Count	5.01	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.4	%	30 - 50
Platelet Count	2.41	Lakhs/c.mm	1.5 - 4.5
MCV	78.1	fl	80 - 100
MCH	24.3	pg	26 - 34
MCHC	30.3	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	22	mm/1 <sup>st</sup> hr.	00 - 20

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

Signature



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**KFT (KIDNEY Function Test) – serum**

TEST	RESULT	UNIT	Reference Values		
S. Urea	29.0	mg/dl	13	-	45
S. Creatinine	1.03	mg/dl	Male	0.7	- 1.4
			Female	0.6	- 1.2
S. BUN	13.54	mg/dl	6.0	-	21
S. Sodium (Na <sup>+</sup> )	139.5	mmol/ltr	135	-	150
S. Potassium(K <sup>+</sup> )	4.08	mmol/ltr	3.5	-	5.5
S. Chloride(Cl <sup>-</sup> )	101.3	mmol/ltr	94	-	110
S. Calcium	9.18	mg/dl	8.7	-	11.0
S. Uric Acid	7.48	mg/dl	Male	3.5	- 7.2
			Female	2.5	- 6.2

**BLOOD GROUPING**

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

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

Signature

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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	0.74	mg/dl	Adults: 0.1	- 1.2
			Infants: 1.2	- 12
S. SGPT (ALT)	22.0	U/L	05	- 40
S. SGOT (AST)	33.0	U/L	05	- 40
S.GGT	39.0	U/L	05	- 45
S. Alkaline Phosphatase	101.3	U/L	Adult -- 25	- 140
			Children (1 – 12 yrs.) -- 104	- 390
S. Total Protein	7.19	g/dl	6.0	- 8.3
S. Albumin	4.05	g/dl	3.2	- 5.0
S. Globulin	3.14	g/dl	2.8	- 4.5
S. A/G Ratio	1.28			

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

  
Signature



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A MULTI SPECIALITY HOSPITAL

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9871912

**PATHOLOGY REPORT**

<b>Name:</b> Mr. Alam Firdosh	<b>Age:</b> 35/M	<b>Date:</b> 02/12/2023
<b>Ref. By:</b> Dr. Bank Of Barauda	<b>(E.C.No 74353)</b>	<b>Serial Number:</b> 0219

**Lipid Profile - serum**

TEST	RESULT	UNIT	Reference Values
S. Cholesterol	140.0	mg/dl	120 - 200
S. Triglycerides	70.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	14.0	mg/dl	10 - 40
S. HDL-Cholesterol	38.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	88.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.68		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.31		1.5 - 3.5

**BIOCHEMISTRY**

TEST	RESULT	UNIT	Reference Values
P. Glucose Random	90.0	mg/dl	70 - 160

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

  
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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	93.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.85	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.98	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).a

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

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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.78	%

Mean Blood Glucose level (MBG) – 101.3 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.

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

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## PATHOLOGY REPORT

Name:- Mr. Alam Firdosh	Age :35Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 74353)	Serial Number :- 0219

### Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.025
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