

10 mm/mV 0.5-75 Hz AC 50 08:05:20.05 06:18:57

V1

V2

V3

V4

V5

V6

Parameter	Value	Normal Range
HR	75 bpm	60-100 bpm
PR	160 ms	120-200 ms
QR	165 ms	120-200 ms
QT	340 ms	360-440 ms
QTc	38 ms	32-44 ms
QTd	258 ms	230-430 ms
QTJ	117 ms	107-258 ms
QTcJ	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms
QTcJd	38 ms	32-44 ms

Diagnosis Information
 Sinus Bradycardia
 2nd Degree AV Block



(372)

Ph.: 0621-2222211, 0621-2288042, Mob.: 9881178794, 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., डी.एम.कार्ड, पी.जी.डी.सी.सी., एफ.सी.आर.
(अपीली हॉस्पिटल)

फिजिसियन एवं हृदय रोग विशेषज्ञ

सबर अस्पताल, मुजफ्फरपुर
भुवनेश्वर कार्डियोथोरिसिक
फोर्टिस हॉस्पिटल, इस्कॉट हाई इन्स्टिट्यूट, नई दिल्ली
सरकारी मेडिकल कॉलेज, एम.ए.एल.डी. (यू.के.)
पुष्पावली हॉस्पिटल, आगरा
मेम्बर ऑफ आई.ए.सी.सी.



समय:-

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

Dr. Anil Kumar Singh

M.B.B.S. D.M. Card, F.C.C.S., F.C.P. (Apollo Hospital)
Cardiologist & Coronary Physician
Sadar Hospital, Muzaffarpur
Ex. Cardiologist
Fortis Hospital, Escorts Heart Institute, New Delhi
G.M. Medical College, HALD (UK)
Pushpanjali Hospital, Agra
Member of IACC
Reg. No.: MCI 28588

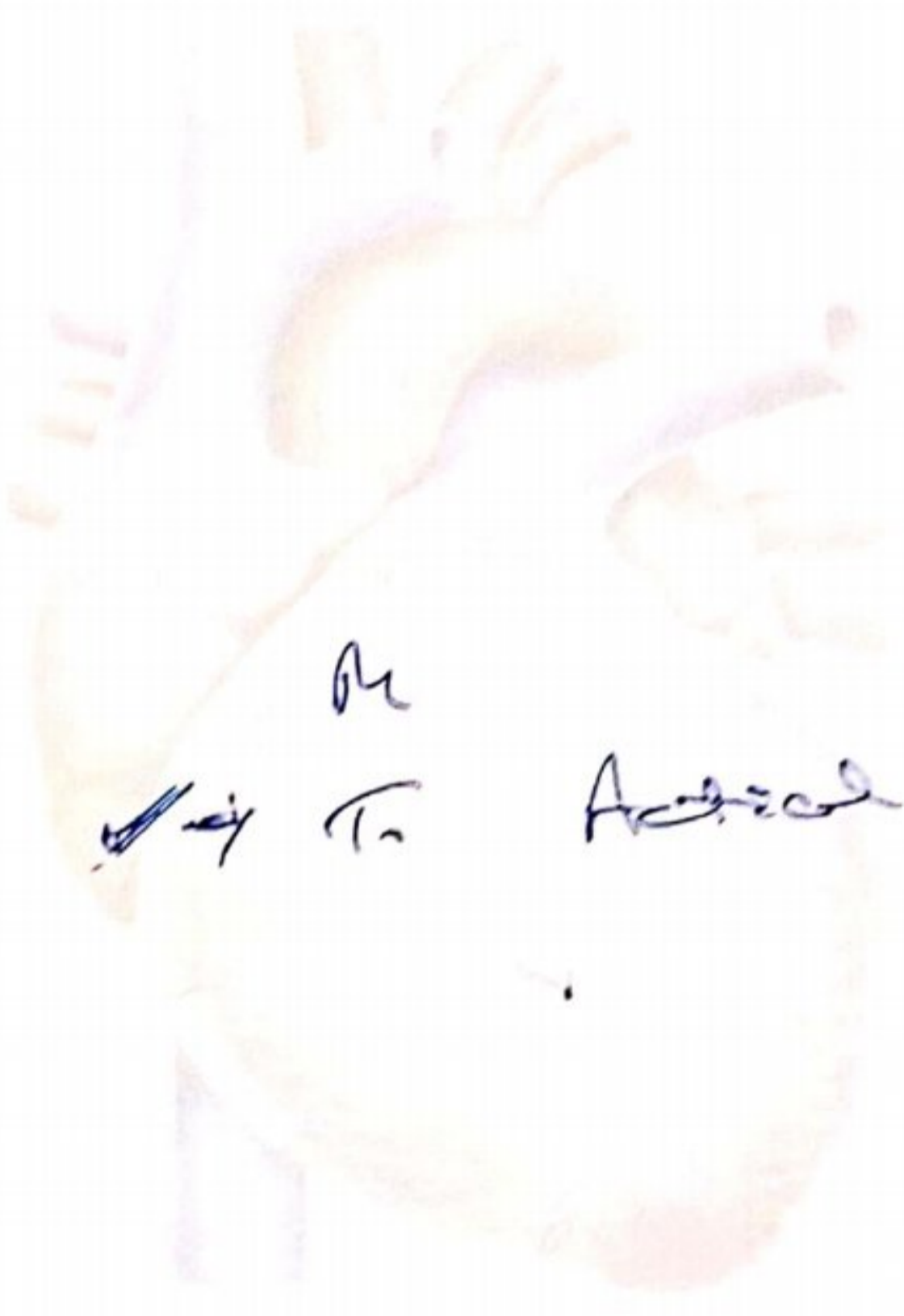
Pl. Name Mr. Shakti Nath Jha Date 02/12/23

Address B.D.R. Age 54 Sex M Ht 5ft B.P. 150/90

170cm
wt - 150/90
HR - 85
CVR - 54
PVR - 65

Δ - 288.715

c/c
→ 150/90



Telescopy - 11
40

Acetab

[Signature]

शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose

PATHOLOGY REPORT

Name:- Mr. Shaktinath Jha	Age :54Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No63185)	Serial Number :- 0222

CBC (Complete Blood Count)

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	8,100	/Cumm.	4000 - 11000
RBC Count	4.52	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	39.6	%	30 - 50
Platelet Count	1.01	Lakhs/c.mm	1.5 - 4.5
MCV	87.6	fl	80 - 100
MCH	28.3	pg	26 - 34
MCHC	32.4	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	50	%	40 - 70
Lymphocyte	40	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	<1 - 2 %
ESR	18	mm/1 st hr.	00 - 20

end of report


Signature



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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Muzaffarpur
Ph. : 0621-22222
0621-22680
Mob. : 96611797
94710134

PATHOLOGY REPORT

Name:- Mr. Shaktinath Jha	Age :54Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No63185)	Serial Number :- 0222

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 ⁺)	141.3	mmol/ltr	135	-	150
S. Potassium(K ⁺)	4.93	mmol/ltr	3.5	-	5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94	-	110
S. Calcium	9.05	mg/dl	8.7	-	11.0
S. Uric Acid	7.19	mg/dl	Male 3.5	-	7.2
			Female 2.5	-	6.2

BLOOD GROUPING

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

end of report


Signature



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Mob. : 966117979
947101340

PATHOLOGY REPORT

Name:- Mr. Shaktinath Jha

Age :54Y/M

Date :-02/12/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No63185)

Serial Number :- 0222

LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Billrubln	0.79	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	38.0	U/L	05 - 45
S. Alkaline Phosphatase	108.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.91	g/dl	6.0 - 8.3
S. Albumin	3.85	g/dl	3.2 - 5.0
S. Globulin	3.06	g/dl	2.8 - 4.5
S. A/G Ratio	1.25		

end of report

Signature





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Mob. : 966117971
947101346

PATHOLOGY REPORT

Name:- Mr. Shaktinath Jha	Age :54Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No63185)	Serial Number :- 0222

Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	195.0	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	119.0	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	2.38		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	105.0	mg/dl	70 - 160

end of report

Signature



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947101340

PATHOLOGY REPORT

Name:- Mr. Abhishek Kumar	Age :34Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 1152207)	Serial Number :- 022

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	101.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.08	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.49	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


Signature



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Mob. : 966117979
947101340

PATHOLOGY REPORT

Name:- Mr. Shaktinath Jha	Age :54Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No63185)	Serial Number :- 0222

GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.99	%

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


Signature

PATHOLOGY REPORT

Name:- Mr. Shaktinath Jha	Age :54Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No63185)	Serial Number :- 0222

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	

[Signature]
Signature



URMILA HEART & MULTI SPECIALITY HOSPITAL

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9471013402

ECHOCARDIOGRAPHY REPORT

Name : Mr. Shakti Nath Jha
Date : 11/12/2023
IPID No. :
Ref. By : Self

Age/Sex : 54/M
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>
Aorta 2.8	(2.0 – 3.7cm)
LV es 3.9	(2.2 – 4.0cm)
IVS ed 1.1	(0.6 – 1.1cm)
RVed	(0.7 – 2.6cm)
LVVd (ml)	
EF 60%	(54%-76%)

<u>Measurements</u>	<u>Normal values</u>
LAes 3.8	(1.9 – 4.0cm)
LV ed 5.6	(3.7 – 5.6cm)
PW (LV) 1.2	(0.6 – 1.1cm)
RV Anterior wall	(upto 5 mm)
LVVs (ml)	
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

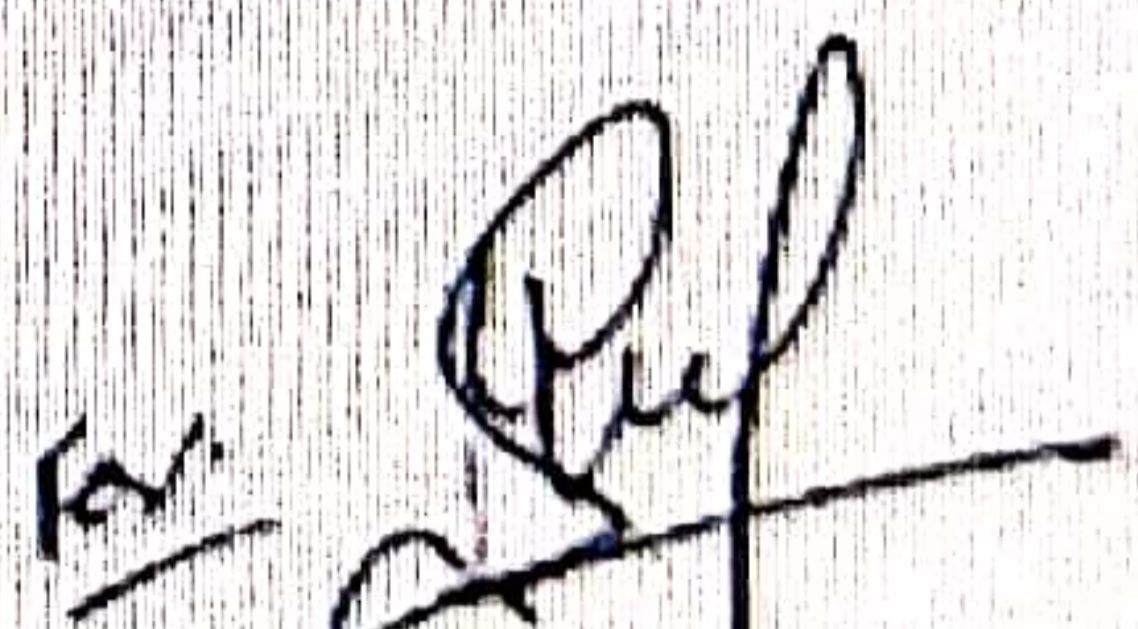
Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

All Chambers are normal in size
gd I LV Diastolic Dysfunction
Normal LV Systolic Function
No RWMA/LVEF=60%
No MR/AR/PR/TR
Normal Pericardium

For

Dr. Anil Kr. Singh
Cardiologist

