



26

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 कार्डियोलॉजिस्ट

फोर्टिस हॉस्पिटल, इरकाट 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. Navneet Shanker Date 02/12/23

Address BoB Age 43 Sex M Wt. 70 B.P. 110/70

BoB - 190/170 150/94
Pr - 81/2
AM - 21
SW - 72

CE
+ No 1/0 DGT
HTM

Dr
+ To Polytechnic at 12/12/23
+ To Angkor at 25/12/23

शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

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PATHOLOGY REPORT

Name:- Mr. Navneet Kumar	Age :43Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No102649)	Serial Number :- 0226

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	15.0	gm/dl	12 - 17
Total Leukocyte Count	9,500	/Cumm.	4000 - 11000
RBC Count	5.10	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	45.8	%	30 - 50
Platelet Count	1.55	Lakhs/c.mm	1.5 - 4.5
MCV	89.8	fl	80 - 100
MCH	29.4	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	48	%	40 - 70
Lymphocyte	40	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	01 - 06
Basophil	00	%	<1 - 2 %
ESR	14	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	24.0	mg/dl	13 - 45
S. Creatinine	0.88	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.20	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	137.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.11	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	103.8	mmol/ltr	94 - 110
S. Calcium	9.08	mg/dl	8.7 - 11.0
S. Uric Acid	8.71	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

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LFT (Liver Function Test) – serum

TEST	RESULT	UNIT	Reference Values
S. Total Bilirubin	0.77	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	30.0	U/L	05 - 40
S. SGOT (AST)	37.0	U/L	05 - 40
S.GGT	33.0	U/L	05 - 45
S. Alkaline Phosphatase	110.0	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.01	g/dl	6.0 - 8.3
S. Albumin	3.90	g/dl	3.2 - 5.0
S. Globulin	3.11	g/dl	2.8 - 4.5
S. A/G Ratio	1.25		

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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	115.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	31.0	mg/dl	10 - 40
S. HDL-Cholesterol	49.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	115.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.97		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.34		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	84.0	mg/dl	70 - 160

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	119.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.10	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.98	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
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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.71	%

Mean Blood Glucose level (MBG) – 93.8 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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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.015
Appearance	Clear
pH	7.0
(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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