



ID : 050608-0840  
 Name :  
 Age : 51 yr  
 Sex : Male  
 Height : cm  
 Weight : kg  
 HR : 81 bpm  
 P Dur : 91 ms  
 PR Int : 159 ms  
 QRS Dur : 88 ms  
 QT/QTc Int : 352/386 ms  
 -/QRS T axis : 56/68.44 °  
 RV5/SV1 amp : 1.103/0.211 mV  
 RV5+SV1 amp : 1.314 mV  
 RV6/SV2 amp : 0.965/1.127 mV

Minnesota Code:  
 9-4-1(V3)

*Rajiv Ks.*

Diagnostic Information:  
 Reg: Sinus Rhythm  
 \*\*\*Normal ECG\*\*\*

Report confirmed by:

(25)



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. Rajiv Kumar Date 02/12/23

Address BOB Age 51 Sex M Wt. .... B.P. ....

*Handwritten notes:*  
Bd - 120/80  
P - 78/12  
Cv - 70  
M - 2

*Handwritten notes:*  
ecg  
+ report DM  
Heart



शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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Muzaffarpur  
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0621-2268042  
Mob. : 9661179794  
9471013402

## PATHOLOGY REPORT

Name:- Mr. Rajiv Kumar	Age :51Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No61605)	Serial Number :- 0225

### CBC (Complete Blood Count)

TEST	RESULT	UNIT	Reference Values
Hb (Haemoglobin)	14.0	gm/dl	12 - 17
Total Leukocyte Count	12,100	/Cumm.	4000 - 11000
RBC Count	4.67	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	42.3	%	30 - 50
Platelet Count	1.50	Lakhs/c.mm	1.5 - 4.5
MCV	90.6	fl	80 - 100
MCH	29.8	pg	26 - 34
MCHC	32.9	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	24	mm/1 <sup>st</sup> .hr.	00 - 20

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

Signature





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### KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	38.0	mg/dl	13 - 45
S. Creatinine	1.30	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	17.74	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	141.0	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	3.92	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	103.5	mmol/ltr	94 - 110
S. Calcium	9.11	mg/dl	8.7 - 11.0
S. Uric Acid	6.98	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABC)	:	"B" 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	0.79	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05 - 40
S. SGOT (AST)	32.0	U/L	05 - 40
S.GGT	34.0	U/L	05 - 45
S. Alkaline Phosphatase	97.8	U/L	Adult -- 25 - 140 Children (1 - 12 yrs.) -- 104 - 390
S. Total Protein	6.79	g/dl	6.0 - 8.3
S. Albumin	3.68	g/dl	3.2 - 5.0
S. Globulin	3.11	g/dl	2.8 - 4.5
S. A/G Ratio	1.18		

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

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### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	207.0	mg/dl	130 - 200
S. Triglycerides	145.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	29.0	mg/dl	10 - 40
S. HDL-Cholesterol	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	128.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.14		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.56		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	92.0	mg/dl	70 - 160

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

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Name:- Mr. Rajiv Kumar	Age :51Y/M	Date :-02/12/2023
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**GLYCOSYLATED HEMOGLOBIN**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.84	%

-----  
Mean Blood Glucose level (MBG) – 99.3 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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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	105.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.98	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.05	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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### Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
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	Present (+)
Crystal/Cast	Nil
Other	Nil
***end of report***	

  
Signature

