



ID : 44200000000000000000
 Name : 35 yr
 Age : Male
 Sex :
 Height : cm
 Weight : kg
 HR : 76 bpm
 PR : 166 ms
 QRS Dur : 85 ms
 QT/QTc : 355/379 ms
 ST/QTc axis : 70/100 °
 RV5-SV1 amp : 2.12/0.73 mV
 RV5-SV1 amp : 2.84 mV
 RV6-SV2 amp : 1.53/0.53 mV

Date/Time: 08-06-2005 10:11:55
 Scale: 10mm
 Paper: Normal ECG Paper
 Report Generated by:



31

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..... Ranjana DeviDate 02/12/23

Address..... B.O.BAge 35 Sex M Wt. B.P.

BP- 120/80 mmHg.

O/G
Pallor - absent



शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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PATHOLOGY REPORT

| | | |
|--------------------------------|-----------------|-----------------------|
| Name:- Mr. Ravi Ranjan | Age :34Y/M | Date :-02/12/2023 |
| Ref. By :- Dr. Bank Of Barauda | (E.C.No 115247) | Serial Number :- 0231 |

| TEST | CBC (Complete Blood Count) | | Reference Values |
|-------------------------------------|----------------------------|------------------------|------------------|
| | RESULT | UNIT | |
| Hb (Haemoglobin) | 12.4 | gm/dl | 12 - 17 |
| Total Leukocyte Count | 7,500 | /Cumm. | 4000 - 11000 |
| RBC Count | 4.28 | Million/Cumm. | 3.8 - 5.8 |
| PCV / Haematocrit | 37.5 | % | 30 - 50 |
| Platelet Count | 1.50 | Lakhs/c.mm | 1.5 - 4.5 |
| MCV | 87.6 | fl | 80 - 100 |
| MCH | 28.3 | pg | 26 - 34 |
| MCHC | 32.3 | gm/dl | 31.5 - 35 |
| Differential Leukocyte Count | | | |
| Neutrophil | 55 | % | 40 - 70 |
| Lymphocyte | 38 | % | 20 - 40 |
| Monocyte | 02 | % | 02 - 10 |
| Eosinophi | 05 | % | 01 - 06 |
| Basophil | 00 | % | < 1 - 2 % |
| ESR | 18 | mm/1 st 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 | 28.0 | mg/dl | 13 - 45 |
| S. Creatinine | 0.86 | mg/dl | Male 0.7 - 1.4 Female 0.6 - 1.2 |
| S. BUN | 13.07 | mg/dl | 6.0 - 21 |
| S. Sodium (Na ⁺) | 144.0 | mmol/ltr | 135 - 150 |
| S. Potassium(K ⁺) | 3.98 | mmol/ltr | 3.5 - 5.5 |
| S. Chloride(Cl ⁻) | 101.5 | mmol/ltr | 94 - 110 |
| S. Calcium | 9.28 | mg/dl | 8.7 - 11.0 |
| S. Uric Acid | 7.07 | mg/dl | Male 3.5 - 7.2 Female 2.5 - 6.2 |

BLOOD GROUPING

| | | |
|----------------|---|------------|
| Grouping (ABO) | : | "AB" Group |
| Rh Typing | : | Positive. |

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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 | 0.95 | mg/dl | Adults: 0.1 - 1.2 Infants: 1.2 - 12 |
| S. SGPT (ALT) | 46.0 | U/L | 05 - 40 |
| S. SGOT (AST) | 43.0 | U/L | 05 - 40 |
| S.GGT | 47.0 | U/L | 05 - 45 |
| S. Alkaline Phosphatase | 130.0 | U/L | Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390 |
| S. Total Protein | 7.40 | g/dl | 6.0 - 8.3 |
| S. Albumin | 3.95 | g/dl | 3.2 - 5.0 |
| S. Globulin | 3.45 | g/dl | 2.8 - 4.5 |
| S. A/G Ratio | 1.14 | | |

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Lipid Profile - serum

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>Reference Values</u> |
|--------------------------|---------------|-------------|---|
| S. Cholesterol | 230.0 | mg/dl | 130 - 200 |
| S. Triglycerides | 170.0 | mg/dl | Fasting: 25 - 160 |
| S. VLDL-Cholesterol | 34.0 | mg/dl | 10 - 40 |
| S. HDL-Cholesterol | 55.0 | mg/dl | Male: 30 - 65 Female: 35 - 80 |
| S. LDL-Cholesterol | 141.0 | mg/dl | 60 - 150 |
| Ratio of Cholesterol/HDL | 4.18 | | 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 | 86.0 | mg/dl | 70 - 160 |

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| TEST NAME | METHOD | VALUE | UNITS | NORMAL RANGE |
|-----------------------------------|--------|-------|--------|--------------|
| TOTAL TRIIODOTHYRONINE (T3) | C.LIA | 155.3 | ng/dL | (50 - 200) |
| TOTAL THYROXINE (T4) | C.LIA | 7.8 | µg/dL | (4.5 - 12.0) |
| THYROID STIMULATING HORMONE (TSH) | C.LIA | 3.90 | 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
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Urine Routine And Microscopy

| <u>TEST</u> | <u>RESULTS</u> |
|--------------------------------|----------------|
| Physical Examination | |
| Volume | 20 ml |
| Colour | Straw |
| Specific Gravity | 1.020 |
| Appearance | Clear |
| pH | 6.5 |
| (Acidic) | |
| Chemical Examination | |
| Protein | Nil |
| Sugar | Nil |
| Bile Salts | N/D |
| Bile Pigments | N/D |
| Microscopic Examination | |
| Pus Cells | 2-3 /hpf |
| Red Blood Cells | Nil /hpf |
| Epithelial Cells | Present (+) |
| Crystal/Cast | Nil |
| Other | Nil |
| ***end of report*** | |

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GLYCOSYLATED HEMOGLOBIN

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

Mean Blood Glucose level (MBG) – 95.0 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

Signature