



ID: 050608-0796  
 Name: [Redacted]  
 Age: 52 YR  
 Sex: Male  
 BP: [Redacted]  
 Height: cm  
 Weight: kg  
 HR: 58 bpm  
 P Dur: 116 ms  
 PR int: 108 ms  
 QRS Dur: 95 ms  
 QT/QTc int: 373/368 ms  
 P-QRS/T axis: 48/66/40 °  
 RS+S1 amp: 0.98/0.87 mV  
 RS+S1 amp: 1.85/1.85 mV  
 RS+S2 amp: 1.17/1.202 mV

Minnesota Code:  
 8-8-5  
 9-3-21A(R,V1)  
**Mansel R. Rd.**  
 Diagnostic Interpretation:  
 811 Sinus Bradycardia  
 307 Left Atrial Enlargement

Report completed by:

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

M.B.B.S., डीप.कार्ड, पी.जी.डी.सी.सी., एफ.सी.आर.  
(अपोलो हॉस्पिटल)

#### फिजिसियन एवं हृदय रोग विशेषज्ञ

सदर अस्पताल, मुजफ्फरपुर  
भूतपूर्व कार्डियोलोजिस्ट

फोर्टिस हॉस्पिटल, इस्कॉट हार्ट इन्सटिट्यूट, 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

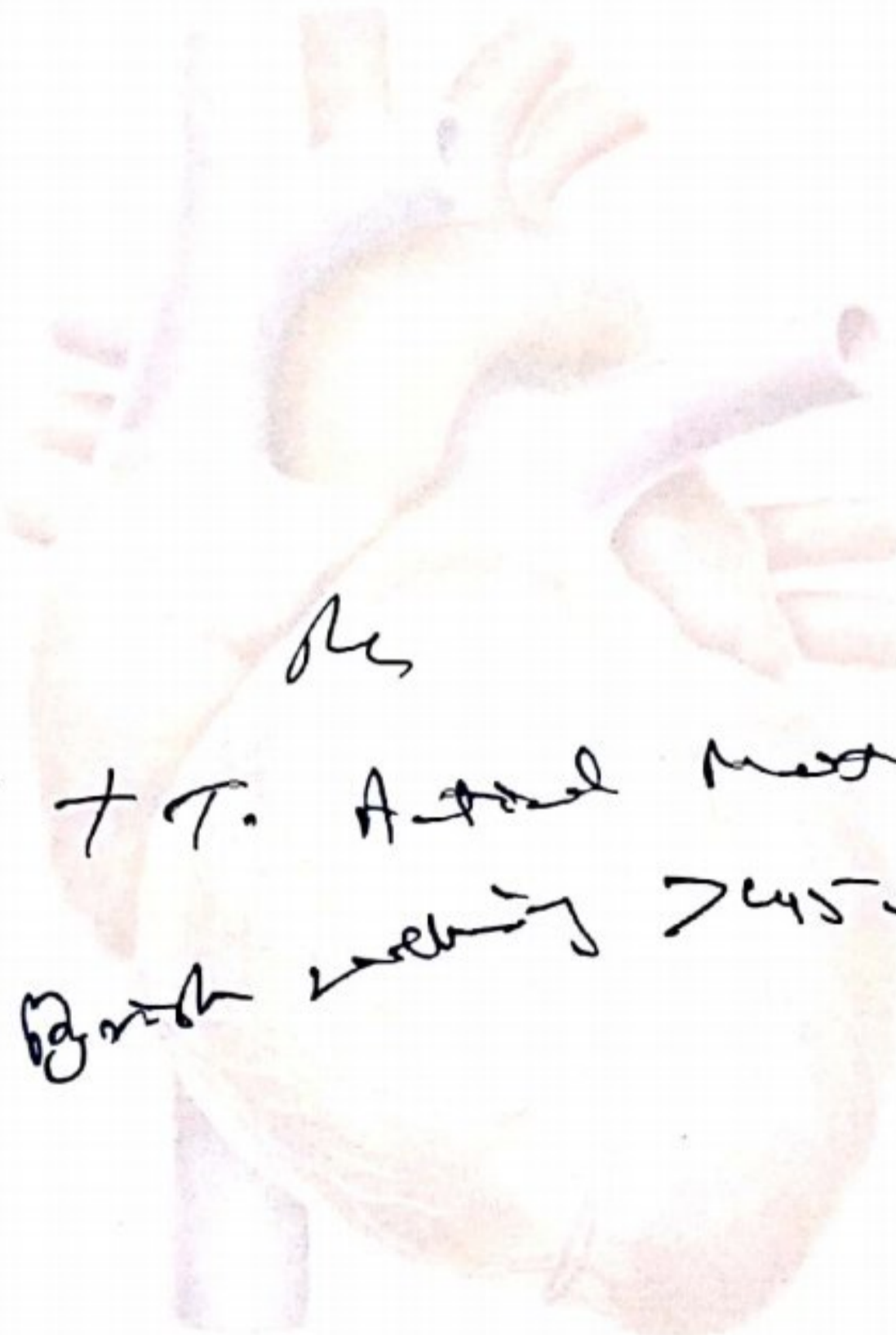
Pt. Name..... Monoj Kumar Das ..... Date 2/12/23

Address..... Bob ..... Age 52 Sex M Wt. .... B.P. ....

BP - 140/90  
PR - 70bpm  
CNS - S  
SUG - S

Δ - DM - T2

CC  
+ Hypertension Bk W



C. Leg count 6/2  
17

Pls  
+ T. Atrial flutter 20 x 2mm  
Bunch looking 745-51/200.

*[Signature]*

शनिवार को केवल Emergency मरीज देखा जायेगा।



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Ph. : 0621-2222211  
0621-2288042  
Mob. : 9681179794  
9471013462

## PATHOLOGY REPORT

Name:- Mr. Manoj Kumar Pd	Age:-52Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No67082)	Serial Number :- 0126

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	7,000	/Cumm.	4000 - 11000
RBC Count	4.39	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	36.7	%	30 - 50
Platelet Count	1.51	Lakhs/c.mm	1.5 - 4.5
MCV	83.6	fl	80 - 100
MCH	27.3	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	60	%	40 - 70
Lymphocyte	35	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	03	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	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	28.0	mg/dl	13 - 45
S. Creatinine	0.89	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	138.0	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	3.55	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	101.3	mmol/ltr	94 - 110
S. Calcium	9.05	mg/dl	8.7 - 11.0
S. Uric Acid	5.53	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

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

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

  
Signature



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PH : 0821-2222211  
0821-2288042  
MOB : 9881179798  
9871013402

## PATHOLOGY REPORT

Name: Mr. Manoj Kumar Pd	Age: 52Y/M	Date: 02/11/2023
Ref. By: Dr. Bank Of Baroda	(E.C.No67082)	Serial Number: 0126

### 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)	47.0	U/L	05 - 40
S. SGOT (AST)	42.0	U/L	05 - 40
S. GGT	44.0	U/L	05 - 45
S. Alkaline Phosphatase	128.0	U/L	Adult - 25 - 140 Children (1 - 12 yrs.) - 104 - 390
S. Total Protein	6.77	g/dl	6.0 - 8.3
S. Albumin	3.85	g/dl	3.2 - 5.0
S. Globulin	2.92	g/dl	2.8 - 4.5
S. A/G Ratio	1.31		

\*\*\*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	195.0	mg/dl	130 - 200
S. Triglycerides	110.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	22.0	mg/dl	10 - 40
S. HDL-Cholesterol	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	118.0	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	2.36		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	230.0	mg/dl	70 - 160

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

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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	11.8	%

Mean Blood Glucose level (MBG) – 349.3 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	120.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	7.9	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.41	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 expeted 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>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH	7.0
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Present (++++)
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
***end of report***	

Signature

