



10mm/mV 0.5-75Hz AC 50
 08-06-2005 08:05:08
 aVR aVL aVF V1 V2 V3 V4 V5 V6

ID: 050008-0906
 Name: 36 YR
 Age: Male
 Sex: Male
 Height: cm
 Weight: kg
 HR: 63 bpm
 PR: 112 ms
 QRS Dur: 89 ms
 QT/QTc Int: 359/349 ms
 P/QRS/T axis: 26/50/41 °
 RV5-SV1 amp: 1.642 mV
 RV6-SV2 amp: 2.075 mV
 RV6/SV2 amp: 1.529/0.469 mV

Minnesota Code: 9-4-1(N3)

Diagnosis Information
 Sinus Sinus Rhythm
 ...Normal ECG...

Report Confirmed by:



11

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, इस्काट हार्ट इन्स्टिट्यूट, 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. Abhay Pradashi Date 02/12/23

Address BoB Age 36 Sex M Wt. B.P.

HR-110/80
PR-76b
Cv-5/2
mu B

cc

7 Atypical chest pain



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. Abhay Priyadarshi	Age :36Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No77431)	Serial Number :- 0211

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	14.0	gm/dl	12 - 17
Total Leukocyte Count	6,400	/Cumm.	4000 - 11000
RBC Count	5.03	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	43.8	%	30 - 50
Platelet Count	1.40	Lakhs/c.mm	1.5 - 4.5
MCV	87.1	fl	80 - 100
MCH	28.6	pg	26 - 34
MCHC	32.9	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	16	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	29.0	mg/dl	13 - 45
S. Creatinine	1.14	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.54	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	147.3	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.90	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.8	mmol/ltr	94 - 110
S. Calcium	9.30	mg/dl	8.7 - 11.0
S. Uric Acid	8.10	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

end of report

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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	0.77	mg/dl	Adults: 0.1 - 1.2	Infants: 1.2 - 12
S. SGPT (ALT)	25.0	U/L	05	40
S. SGOT (AST)	30.0	U/L	05	40
S. GGT	38.0	U/L	05	45
S. Alkaline Phosphatase	88.0	U/L	Adult -- 25 - 140	Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.18	g/dl	6.0	8.3
S. Albumin	4.01	g/dl	3.2	5.0
S. Globulin	3.17	g/dl	2.8	4.5
S. A/G Ratio	1.27			

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	210.0	mg/dl	130 - 200
S. Triglycerides	150.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	30.0	mg/dl	10 - 40
S. HDL-Cholesterol	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	130.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.20		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.60		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	80.0	mg/dl	70 - 160

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.20	%

Mean Blood Glucose level (MBG) – 98.9 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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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	135.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	8.7	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.98	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>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.025
Appearance	Clear
pH	6.0
(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	

Signature

