



ID : 059508-0803  
 Name :  
 Age : 36 yr  
 Sex : Male  
 BP :  
 Height : cm  
 Weight : kg  
 HR : 71 bpm  
 PR Dur : 164 ms  
 PR Int : 124 ms  
 QRS Dur : 107 ms  
 QT/QTc Int : 337/407 ms  
 P/QRS/T axis : 46/50/11 :  
 RV5/SV1 amp : 1.270, 1.280 mV  
 RV5+SV1 amp : 2.556 mV  
 RV6/SV2 amp : 1.347/2.293 mV

Minnesota Code: 9-4-2(V4)  
 Diagnostic Information:  
 \*Normal ECG\*  
 Report Evaluated 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

एम.बी.बी.एस., डी.एम.कार्ड, पी.सी.डी.सी.सी., एफ.सी.आर.  
(अपीएल हॉस्पिटल)

फिजिशियन एवं हृदय रोग विशेषज्ञ

राज्य अस्पताल, मुजफ्फरपुर  
पुनर्पुनः कार्डियोलॉजिस्ट

फोर्टिस हॉस्पिटल, बरेilly, इन्वैन्टिव्ह, नई दिल्ली  
सरकारी मेडिकल कॉलेज, राम मण्डल की (यू.के.)  
सुभाषजी हॉस्पिटल, आपस  
मेम्बर ऑफ आई ए सी सी



समय :-

सुबह 12 बजे से 03 बजे तक  
शाम 06:30 बजे से रात्रि 11 बजे तक

### Dr. Anil Kumar Singh

MBBS, DPM Card, PGDCC, FCH (Apollo Hospital)  
Cardiologist & Consultant Physician

Sadar Hospital, Muzaffarpur

Ex-Cardiologist

Forts Hospital, Escorts Heart Institute, New Delhi

Govt. Medical College, HAD (UK)

Pushpanjali Hospital, Agra

Member of IACC

Reg. No. MCI 29808

Pt. Name: Mr. Kumar Babbar

Date: 07/12/23

Address: BOB

Age: 36 Sex: M Wt:  B.P.

BP = 120/80  
HR = 82 bpm  
RR = 20  
SpO2 = 98%

ck  
T. Babbar

By  
T. Babbar

शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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**Address**

Naya Tola, Opp. Poly  
Muzaffarpur  
Ph. : 0621-22222  
0621-22680  
Mob. : 96611797  
94710134

## PATHOLOGY REPORT

Name:- Mr. Babloo Kumar

Age :36Y/M

Date :-02/12/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No 164881)

Serial Number :- 0218

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	13.0	gm/dl	12 - 17
Total Leukocyte Count	7,700	/Cumm.	4000 - 11000
RBC Count	4.31	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	38.7	%	30 - 50
Platelet Count	2.02	Lakhs/c.mm	1.5 - 4.5
MCV	89.8	fl	80 - 100
MCH	29.5	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	50	%	40 - 70
Lymphocyte	45	%	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\*\*\*

  
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## PATHOLOGY REPORT

Name:- Mr. Babloo Kumar	Age :36Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 164881)	Serial Number :- 0218

### KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	27.0	mg/dl	13 - 45
S. Creatinine	0.85	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	10.74	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	138.0	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	3.95	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	101.8	mmol/ltr	94 - 110
S. Calcium	9.30	mg/dl	8.7 - 11.0
S. Uric Acid	7.01	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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0621-226804  
Mob. : 966117979  
947101340

## PATHOLOGY REPORT

Name:- Mr. Babloo Kumar	Age :36Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 164881)	Serial Number :- 0218

### LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.85	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	27.0	U/L	05 - 40
S. SGOT (AST)	35.0	U/L	05 - 40
S.GGT	39.0	U/L	05 - 45
S. Alkaline Phosphatase	98.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.05	g/dl	6.0 - 8.3
S. Albumin	3.90	g/dl	3.2 - 5.0
S. Globulin	3.15	g/dl	2.8 - 4.5
S. A/G Ratio	1.23		

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0621-226804  
Mob. : 966117972  
947101340

## PATHOLOGY REPORT

Name:- Mr. Babloo Kumar	Age :36Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 164881)	Serial Number :- 0218

### Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	205.0	mg/dl	130 - 200
S. Triglycerides	155.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	31.0	mg/dl	10 - 40
S. HDL-Cholesterol	50.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	124.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.10		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.48		1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	80.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	115.0	mg/dl	80 - 160

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

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94710134

## PATHOLOGY REPORT

Name:- Mr. Babloo Kumar	Age :36Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 164881)	Serial Number :- 0218

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	99.3	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	3.18	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 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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Name:- Mr. Babloo Kumar	Age :36Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 164881)	Serial Number :- 0218

### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.90	%

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.

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## PATHOLOGY REPORT

<b>Names:- Mr. Babloo Kumar</b>	Age :36Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 164881)	Serial Number :- 0218

### Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.015
Appearance	Clear
pH	7.0
(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	<b>Present (+)</b>
Crystal/Cast	Nil
Other	Nil

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

  
Signature