



Ph: 0621-2222211, 0621-2268042, MOb: 9561119194, 9411913492

# URMILA HEART & MULTI SPECIALITY HOSPITAL

## उर्मिला हार्ट एण्ड मल्टी स्पेशियलिटी हॉस्पिटल

Naya Tola, Opp. Polytechnic, Muzaffarpur

### डॉ० अनिल कुमार सिंह

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

#### फिजिशियन एवं हृदय रोग विशेषज्ञ

सदर अस्पताल, मुजफ्फरपुर  
भूतपूर्व कार्डियोलॉजिस्ट  
फोर्टिस हॉस्पिटल, इस्कॉट हार्ट इन्स्टिट्यूट, नई दिल्ली  
सरकारी मेडिकल कॉलेज, एम.ए.एल.डी. (यू.के.)  
गुणोजली हॉस्पिटल, आगरा  
मेम्बर ऑफ आई.ए.सी.सी.



युवा

युवक 12 बजे से 03 बजे तक  
शाम 6:30 बजे से रात्रि 8 बजे तक

### Dr. Anil Kumar Singh

M.B.B.S. D.P. Card. (PGD), F.C.C. (Fiji),  
Cardiologist & Consultant Physician  
Sarda Hospital, Muzaffarpur  
Ex. Cardiologist  
Fortis Hospital, Escorts Heart Institute, New Delhi  
Govt. Medical College, M.A.E. (UK)  
Pushpanjali Hospital, Agra  
Member of IACC  
Reg. No.: M225818

Pt. Name Mr. Manish K. Agarwal

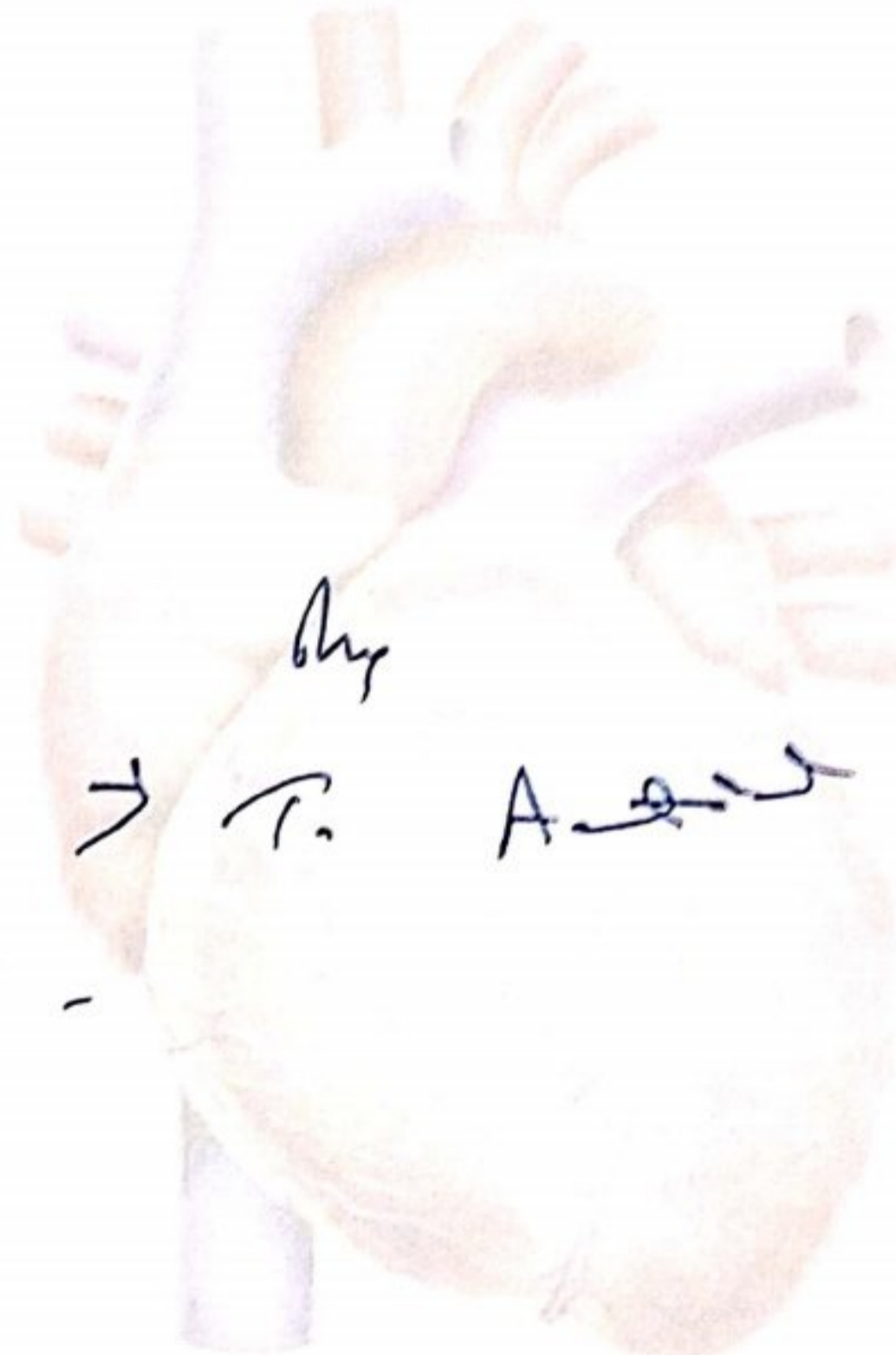
Date 07/12/22

Address BOB

Age 34 Sex M Ht 5'6" BP 130/100

BP - 130/100  
HR - 81  
CVR - 100  
O2 - 100

B - DM 2  
H/O DM  
Hypertension



*[Handwritten signature]*

शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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# URMILA HEART & MULTI SPECIALITY HOSPITAL

## Address

Naya Tola, Opp. Poly  
Muzaffarpur  
Ph. : 0621-22222  
0621-22680  
Mob. : 96611797  
947101340

## PATHOLOGY REPORT

Name:- Mr. Manish Kumar Agarwal

Age :34Y/M

Date :-02/12/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No 113178)

Serial Number :- 0220

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	13.4	gm/dl	12 - 17
Total Leukocyte Count	11,900	/Cumm.	4000 - 11000
RBC Count	4.29	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	41.5	%	30 - 50
Platelet Count	2.79	Lakhs/c.mm	1.5 - 4.5
MCV	96.7	fl	80 - 100
MCH	30.8	pg	26 - 34
MCHC	31.7	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	55	%	40 - 70
Lymphocyte	30	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	13	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	24	mm/1 <sup>st</sup> hr.	00 - 20

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

Signature





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0621-22680  
Mob. : 96611797  
94710134

**PATHOLOGY REPORT**

<b>Name:- Mr. Manish Kumar Agarwal</b>	Age :34Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 113178)	Serial Number :- 0220

**LFT (Liver Function Test) – serum**

TEST	RESULT	UNIT	Reference Values	
			Adults	Infants
S. Total Bilirubin	0.77	mg/dl	0.1 - 1.2	1.2 - 12
S. SGPT (ALT)	31.0	U/L	05 - 40	
S. SGOT (AST)	34.0	U/L	05 - 40	
S.GGT	38.0	U/L	05 - 45	
S. Alkaline Phosphatase	91.7	U/L	Adult -- 25 - 140	Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.98	g/dl	6.0 - 8.3	
S. Albumin	3.75	g/dl	3.2 - 5.0	
S. Globulin	3.23	g/dl	2.8 - 4.5	
S. A/G Ratio	1.16			

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

Signature



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Muzaffarpur  
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0621-22680  
Mob. : 96611797  
94710134

**PATHOLOGY REPORT**

Name:- Mr. Manish Kumar Agarwal      Age :34Y/M      Date :-02/12/2023  
 Ref. By :- Dr. Bank Of Barauda      (E.C.No 113178)      Serial Number :- 0220

**KFT (KIDNEY Function Test) – serum**

TEST	RESULT	UNIT	Reference Values	
			Male	Female
S. Urea	31.0	mg/dl	13	45
S. Creatinine	1.03	mg/dl	0.7	1.4
			0.6	1.2
S. BUN	14.47	mg/dl	6.0	21
S. Sodium (Na <sup>+</sup> )	138.3	mmol/ltr	135	150
S. Potassium(K <sup>+</sup> )	4.11	mmol/ltr	3.5	5.5
S. Chloride(Cl <sup>-</sup> )	99.8	mmol/ltr	94	110
S. Calcium	9.10	mg/dl	8.7	11.0
S. Uric Acid	9.05	mg/dl	Male 3.5	7.2
			Female 2.5	6.2

**BLOOD GROUPING**

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

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

Signature



**Address**

Naya Tola, Opp. Polyt  
Muzaffarpur  
Ph. : 0621-222221  
0621-228804;  
Mob. : 966117379  
947101340

**PATHOLOGY REPORT**

<b>Name:- Mr. Manish Kumar Agarwal</b>	<b>Age: 34Y/M</b>	<b>Date :-02/12/2023</b>
<b>Ref. By :- Dr. Bank Of Barauda</b>	<b>(E.C.No 113178)</b>	<b>Serial Number :- 0220</b>

**Lipid Profile - serum**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	198.0	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	118.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.96		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	130.0	mg/dl	70 - 160

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

Signature



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0621-2268642  
Mob. : 9661179794  
9471013402

## PATHOLOGY REPORT

Name:- Mr. Manish Kumar Agarwal

Age :34Y/M

Date :-02/12/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No 113178)

Serial Number :- 0220

### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	5.08	%

Mean Blood Glucose level (MBG) – 128.1 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

**PATHOLOGY REPORT**

<b>Name:- Mr. Manish Kumar Agarwal</b>	<b>Age :34Y/M</b>	<b>Date :-02/12/2023</b>
<b>Ref. By :- Dr. Bank Of Barauda</b>	<b>(E.C.No 113178)</b>	<b>Serial Number :- 0220</b>

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	5.08	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.39	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\*\*\*

Signature