

ID: 050608 0703  
 Name: 38 yr  
 Age: Male  
 Sex: Male  
 Height: cm  
 Weight: kg  
 HR: 72 bpm  
 P: Dur 94 ms  
 PR: Dur 157 ms  
 QRS Dur: 89 ms  
 QT/QTc Int: 843/78 ms  
 P/QRS/T axis: 52/166/15°  
 RS/SV1 amp: 0.813/0.456 mV  
 RS+SV1 amp: 1.269 mV  
 RS/RSV2 amp: 0.674/1.978 mV

Monitors: C order  
 1-1-20V1  
 9-4-20V43  
 2-3-0

Diagnosis Information:  
 Sinus Bradycardia  
 20% Right Axis Deviation

Report Generated by:

*Rakesh K. Singh*



(3)

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., सी.एच.ए.ई., पी.डी.डी.सी.सी., एच.सी.आर.  
(अयोध्या हॉस्पिटल)

किजिसियन एवं हृदय रोग विशेषज्ञ

सदर अस्पताल, मुजफ्फरपुर

मुजफ्फर कार्डियोथोरासिक

सेंट्रल हॉस्पिटल, इस्काट हार्ट इन्स्टीट्यूट, नई दिल्ली

सरकारी मेडिकल कॉलेज, एम.ए.एल.सी. (यू.के.)

पुष्पावली हॉस्पिटल, आगरा

केम्बर डॉक आई.ए.सी.सी.



समय:-

सुबह 12 बजे से 03 बजे तक  
शाम 06:30 बजे से रात्रि 8 बजे तक

### Dr. Anil Kumar Singh

MBBS, DIP Card, PGDCC, FCR (Uganda 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 29898

Pt. Name Mr. Pankaj K. Singh

Date 02/12/23

Address D-03

Age 38 Sex M

Wt. 61

B.P. 112

$\Delta$ -DM-T2

→ no glycosuria

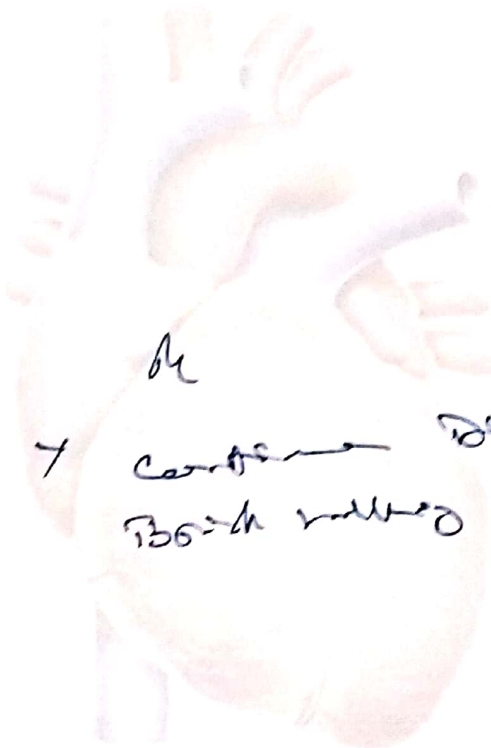
Hb - 12.0 g/L

R - 76/min

ECG - normal

RF - normal

○ - Diabetes Mellitus?



bc

7 Controlling Diabetes Mellitus  
Blood sugar > 450 mg/dl

शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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Ph. : 0621-2222211  
0621-2268042  
Mob. : 9661179794  
9471013402

## PATHOLOGY REPORT

Name:- Mr. Pankaj Kumar Singh

Age :38Y/M

Date :-02/12/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No80896)

Serial Number :- 0127

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	14.0	gm/dl	12 - 17
Total Leukocyte Count	6,100	/Cumm.	4000 - 11000
RBC Count	4.81	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	41.4	%	30 - 50
Platelet Count	1.88	Lakhs/c.mm	1.5 - 4.5
MCV	86.1	fl	80 - 100
MCH	28.3	pg	26 - 34
MCHC	32.9	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	48	%	40 - 70
Lymphocyte	40	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	10	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	12	mm/1 <sup>st</sup> hr.	00 - 20

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

Signature





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Ref. By :- Dr. Bank Of Barauda	(E.C.No80896)	Serial Number :- 0127

### KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	24.0	mg/dl	13 - 45
S. Creatinine	0.83	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.20	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	144.8	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	3.95	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	99.3	mmol/ltr	94 - 110
S. Calcium	9.10	mg/dl	8.7 - 11.0
S. Uric Acid	6.76	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABO)	:	"B" 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	0.95	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	35.0	U/L	05 - 40
S. SGOT (AST)	39.0	U/L	05 - 40
S.GGT	31.0	U/L	05 - 45
S. Alkaline Phosphatase	108.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.11	g/dl	6.0 - 8.3
S. Albumin	3.98	g/dl	3.2 - 5.0
S. Globulin	3.13	g/dl	2.8 - 4.5
S. A/G Ratio	1.27		

\*\*\*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	190.0 mg/dl	130 - 200
S. Triglycerides	120.0 mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	24.0 mg/dl	10 - 40
S. HDL-Cholesterol	50.0 mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	116.0 mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.80	Low Risk: <3.0 Average Risk: 3.0 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.32	1.5 - 3.5

### BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u> <u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	190.0 mg/dl	70 - 160

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

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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	9.3	%

---

Mean Blood Glucose level (MBG) – 193.8 mg/dl

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#### 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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Haya Tola, Opp. Polytechnic  
Muzaffarpur  
Ph. : 9621-2222211  
0621-2268042  
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9471012402

## PATHOLOGY REPORT

<b>Names:- Mr. Pankaj Kumar Singh</b>	Age :38Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No80896)	Serial Number :- 0127

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	99.3	ng/dL	(50 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.8	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.11	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).  
\*\*\*end of report\*\*\*

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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	1.010
Appearance	Clear
pH	7.5
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Present (++)
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
Pus Cells	3-5 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
***end of report***	

Signature

