



ID: 050608-0792
 Name: [Redacted]
 Age: 30 yr
 Sex: Male
 BP: [Redacted]
 Height: 171 cm
 Weight: 79 kg
 HR: 85 bpm
 PR: 168 ms
 QRS Dur: 86 ms
 QT/QTc: 350/350 ms
 P-R-S-T axis: [Redacted]
 QRS-SV1 amp: 1.280 mV
 QRS-SV2 amp: 2.430 mV
 QRS-SV3 amp: 1.202 mV

Minnesota Code: 9 + (V3)
 Anwar K. Singh

Diagnostic Information:
 Normal Sinus Rhythm
 Normal ECG

Report Generated by:



Ph: 0621-2222211, 0621-2268042, Mob: 9861179794, 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., D.I.P. Card., F.C.C.C., F.C.R. (Apollo Hospital)
(अपोलो हॉस्पिटल)

फिजिसियन एवं हृदय रोग विशेषज्ञ

सदर अस्पताल, मुजफ्फरपुर
भुवनेश्वर कार्डियोलॉजिस्ट

पोस्टिंग हॉस्पिटल, इरकार हार्ट इन्स्टीट्यूट, नई दिल्ली
सरकारी मेडिकल कॉलेज, एम ए एन डी (दु.के.)
पुष्पांजलि हॉस्पिटल, अमरा
वेम्बर डॉक आई ए सी सी



समय :-

सुबह 12 बजे से 03 बजे तक
रात 06:30 बजे से राति 0 बजे तक

Dr. Anil Kumar Singh

M.B.B.S. D.I.P. Card. F.C.C.C. F.C.R. (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

Pl Name

Anam K.V. Singh

Date

2/12/23

Address

B0B

Age 30

Sex M

Wt

B.P

01 - 110/74
PR - 82
Wt - 80
resp OK

ok
+ No 140 DM / HbA1c

Brush water 745ml

शनिवार को केवल Emergency मरीज देखा जाएगा।



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PATHOLOGY REPORT

Name:- Mr. Aman Kumar Singh	Age :30Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No115535)	Serial Number :- 025

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	14.0	gm/dl	12 - 17
Total Leukocyte Count	8,600	/Cumm.	4000 - 11000
RBC Count	4.85	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	41.6	%	30 - 50
Platelet Count	3.44	Lakhs/c.mm	1.5 - 4.5
MCV	85.8	fl	80 - 100
MCH	28.3	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	14	mm/1 st hr.	00 - 20

end of report

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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	1.12	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.54	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	141.3	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.05	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	99.8	mmol/ltr	94 - 110
S. Calcium	9.18	mg/dl	8.7 - 11.0
S. Uric Acid	7.03	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

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LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Billirubin	0.78	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	40.0	U/L	05 - 40
S. SGOT (AST)	35.0	U/L	05 - 40
S.GGT	30.0	U/L	05 - 45
S. Alkaline Phosphatase	97.0	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.01	g/dl	6.0 - 8.3
S. Albumin	4.03	g/dl	3.2 - 5.0
S. Globulin	2.98	g/dl	2.8 - 4.5
S. A/G Ratio	1.35		

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Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	180.0	mg/dl	130 - 200
S. Triglycerides	95.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	19.0	mg/dl	10 - 40
S. HDL-Cholesterol	45.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	116.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.00		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.57		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	72.0	mg/dl	70 - 110
P. Glucose-Post Prandia† (after 1.30hrs meal)4	84.0	mg/dl	80 - 160

As
02/12/2023



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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.10	%

Mean Blood Glucose level (MBG) – 95.8 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	105.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	8.1	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.37	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

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Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Straw
Specific Gravity	1.010
Appearance	Clear
pH	6.5
(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	

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