

Temp: 36.5°C  
 AC: 50  
 08-06-2005 07:57:46  
 aVR

V1  
 V2  
 V3

V4  
 V5  
 V6

ID: 050608-0796  
 Name: 34 yr  
 Age: Male  
 Sex: Male  
 BP: mmHg  
 Height: cm  
 Weight: kg

Minnesota Code  
 9-4 (V3)

HR: 89 bpm  
 P Dur: 88 ms  
 PR Int: 136 ms  
 QRS Dur: 88 ms  
 QT/QTc Int: 320/390 ms  
 P/QRS/T axis: 55/15/48 °  
 AV/SV1 amp: 0.99/0.752 mV  
 AV/SV1 amp: 1.749 mV  
 RV6/SV2 amp: 0.755/0.517 mV

Report Confirmed by:

Diagnosis: Infection  
 R06 Status: Revision  
 ---Normal ECG---



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 कार्डियोलोजिस्ट

फोर्टिस हॉस्पिटल, इस्कॉट हार्ट इन्सटिट्यूट, नई दिल्ली  
सरकारी मेडिकल कॉलेज, एच.ए.एल.डी. (यू.के.)  
पुष्पजली 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. Pushpesh chandra

Date 02/12/23

Address BOB

Age 38 Sex M Wt. B.P.

By - 110170  
M - 79 km  
Car - 20  
an - 12

ck  
→ Mon 10 DM  
117M



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

## PATHOLOGY REPORT

Name:- Mr. Puhpesh Chandra	Age :34Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No114331)	Serial Number :- 029

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	13.4	gm/dl	12 - 17
Total Leukocyte Count	8,600	/Cumm.	4000 - 11000
RBC Count	4.88	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	40.8	%	30 - 50
Platelet Count	1.77	Lakhs/c.mm	1.5 - 4.5
MCV	83.8	fl	80 - 100
MCH	26.3	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	50	%	40 - 70
Lymphocyte	40	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	08	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	14	mm/1 <sup>st</sup> hr.	00 - 20

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

Signature



## PATHOLOGY REPORT

<b>Name:- Mr. Puhpesh Chandra</b>	<b>Age :34Y/M</b>	<b>Date :-02/12/2023</b>
<b>Ref. By :- Dr. Bank Of Barauda</b>	<b>(E.C.No114331)</b>	<b>Serial Number :- 029</b>


### KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	26.0	mg/dl	13 - 45
S. Creatinine	0.93	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.14	mg/dl	6.0 - 21
S. Sodium (Na <sup>+</sup> )	140.3	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	4.58	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	101.3	mmol/ltr	94 - 110
S. Calcium	9.35	mg/dl	8.7 - 11.0
S. Uric Acid	7.10	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

### BLOOD GROUPING

Grouping (ABO)	:	AB <sup>+</sup> Group
Rh Typing	:	Positive.

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

Signature 

**PATHOLOGY REPORT**

<b>Name:- Mr. Puhpesh Chandra</b>	<b>Age :34Y/M</b>	<b>Date :-02/12/2023</b>
<b>Ref. By :- Dr. Bank Of Barauda</b>	<b>(E.C.No114331)</b>	<b>Serial Number :- 029</b>

**LFT (Liver Function Test) – serum**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Billrubin	0.81	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	30.0	U/L	05 - 40
S. SGOT (AST)	39.0	U/L	05 - 40
S.GGT	36.0	U/L	05 - 45
S. Alkaline Phosphatase	98.0	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.15	g/dl	6.0 - 8.3
S. Albumin	4.08	g/dl	3.2 - 5.0
S. Globulin	3.07	g/dl	2.8 - 4.5
S. A/G Ratio	1.32		

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

Signature



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**PATHOLOGY REPORT**

<b>Name:- Mr. Puhpesh Chandra</b>	Age :34Y/M	Date :-02/12/2023
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**Lipid Profile - serum**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	170.0	mg/dl	130 - 200
S. Triglycerides	125.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	25.0	mg/dl	10 - 40
S. HDL-Cholesterol	44.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	101.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.86		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.29		1.5 - 3.5

**BIOCHEMISTRY**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	114.0	mg/dl	70 - 160

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

Signature



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## PATHOLOGY REPORT

Name:- Mr. Puhpesh Chandra	Age :34Y/M	Date :-02/12/2023
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### GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	5.01	%

Mean Blood Glucose level (MBG) – 103.8 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.

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

Signature



## PATHOLOGY REPORT

<b>Name:- Mr. Pulpesh Chandra</b>	Age :34Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No114331)	Serial Number :- 029

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.LIA	99.5	ng/dL	(80 - 200)
TOTAL THYROXINE (T4)	C.LIA	7.8	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.LIA	4.08	µU/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