



ID: 050608 0944
 Name: 36 yr
 Age: Male
 Sex: Male
 Height: 172.60 cm
 Weight: 68.4 kg
 HR: 84 bpm
 PR: 180 ms
 QRS: 109 ms
 QT/QTc: 386/350 ms
 P/QRS/T axis: 48/54/30
 RV5/SV1 amp: 1.72/0.141 mV
 RV6/SV2 amp: 2.167 mV
 RV6/SV2 amp: 1.189/1.101 mV

Akash Kumar

Minnesota Code: 6400V2,V3,V4
 6.5.0
 Diagnostic Information:
 800 Sinus Rhythm
 102 Pre-excitation Syndrome
 Report Confirmed By:

(29)

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, इस्काट हार्ट इन्सटिट्यूट, नई दिल्ली
सरकारी मेडिकल कॉलेज, एच.ए.एल.डी. (यू.के.)

पुष्पांजली 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. Akash Kumar Date 02/12/23

Address BOB Age 36 Sex M Wt. B.P.

BP-130/95 mmHg.

O/E
pallor - absent.



शनिवार को केवल Emergency मरीज देखा जाएगा।

Valid for 20 Days

Not Valid for Medico Legal Purpose



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9471013402

PATHOLOGY REPORT

Name:- Mr. Akash Kumar	Age :34Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 115219)	Serial Number :- 0229

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	11.8	gm/dl	12 - 17
Total Leukocyte Count	8,200	/Cumm.	4000 - 11000
RBC Count	3.05	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	32.5	%	30 - 50
Platelet Count	0.80	Lakhs/c.mm	1.5 - 4.5
MCV	110.8	fl	80 - 100
MCH	30.3	pg	26 - 34
MCHC	33.8	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	26	mm/1 st hr.	00 - 20

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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	25.0	mg/dl	13 - 45
S. Creatinine	0.80	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	11.67	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	141.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.90	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.3	mmol/ltr	94 - 110
S. Calcium	9.28	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)	:	"B" Group
Rh Typing	:	Positive.

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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	140.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	28.0	mg/dl	10 - 40
S. HDL-Cholesterol	55.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	122.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.72		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.21		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	88.0	mg/dl	70 - 110

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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	0.77	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	48.0	U/L	05 - 40
S. SGOT (AST)	42.0	U/L	05 - 40
S.GGT	46.0	U/L	05 - 45
S. Alkaline Phosphatase	130.0	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	7.11	g/dl	6.0 - 8.3
S. Albumin	3.90	g/dl	3.2 - 5.0
S. Globulin	3.13	g/dl	2.8 - 4.5
S. A/G Ratio	1.24		

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	149.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	10.47	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	4.83	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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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.28	%

Mean Blood Glucose level (MBG) – 95.3 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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