



10mm/mV 0.5-75Hz ACS0
 08-06-2005 10:38:21
 aVR aVL aVF V1 V2 V3 V4 V5 V6
 V2.47
 ID : 050608-1038
 Minnesota Code: 8-7-3
 Name :
 Age : 32 yr
 Sex : Male
 BP :
 Height : cm
 Weight : kg
 HR : 107 bpm
 P Dur : 162 ms
 PR int : 180 ms
 QRS Dur : 81 ms
 QT/QTc int : 290/388 ms
 %QR/S/T axis : 64/27/42 °
 RV5/SV1 amp : 0.942/0.579 mV
 RV5+SV1 amp : 1.521 mV
 RV6/SV2 amp : 0.846/1.250 mV
 Diagnosis Information:
 812 Sinus Tachycardia
 Normal ECG
 Report Continued by:



32

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, इरकाट हार्ट इन्स्टिट्यूट, 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. Gunjan Kumar Date 02/12/23

Address BOB Age 32 Sex M Wt. B.P.

BP- 120/90 mmHg.

H/o SOB (sporadically)

o/e
Pallor - Present

o- SOB on climbing stairs.

adm

Tests
CBC, RBS, FBS,
BS PP

T. A to Z (to)
T. Iron Folic acid (to)

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. Gunjan Kumar	Age : 32Y/M	Date :- 02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 120713)	Serial Number :- 0232

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	13.8	gm/dl	12 - 17
Total Leukocyte Count	7,700	/Cumm.	4000 - 11000
RBC Count	4.61	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	41.7	%	30 - 50
Platelet Count	1.50	Lakhs/c.mm	1.5 - 4.5
MCV	90.5	fl	80 - 100
MCH	29.5	pg	26 - 34
MCHC	32.8	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	55	%	40 - 70
Lymphocyte	38	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	05	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	18	mm/1 st hr.	00 - 20

end of report

Signature





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Name:- Mr. Gunjan Kumar	Age :32Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 120713)	Serial Number :- 0232

KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	27.0	mg/dl	13 - 45
S. Creatinine	0.85	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	12.60	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	137.0	mmol/ltr	135 - 150
S. Potassium(K ⁺)	3.55	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	101.3	mmol/ltr	94 - 110
S. Calcium	9.35	mg/dl	8.7 - 11.0
S. Uric Acid	7.08	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

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

end of report

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Name:- Mr. Gunjan Kumar	Age :32Y/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	220.0	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	56.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	134.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.92		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.39		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Random	96.0	mg/dl	70 - 160

end of report

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Name:- Mr. Gunjan Kumar	Age :32Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No 120713)	Serial Number :- 0232

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
S. SGPT (ALT)	25.0	U/L	05 - 40	40
S. SGOT (AST)	31.0	U/L	05 - 40	40
S. GGT	38.0	U/L	05 - 45	45
S. Alkaline Phosphatase	98.0	U/L	Adult -- 25 Children (1 – 12 yrs.) -- 104	140 390
S. Total Protein	7.43	g/dl	6.0 - 8.3	8.3
S. Albumin	4.19	g/dl	3.2 - 5.0	5.0
S. Globulin	3.24	g/dl	2.8 - 4.5	4.5
S. A/G Ratio	1.29			

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	140.3	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	6.98	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.30	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

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PATHOLOGY REPORT

Name:- Mr. Gunjan Kumar

Age :32Y/M

Date :-02/12/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No 120713)

Serial Number :- 0232

GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	4.44	%

Mean Blood Glucose level (MBG) – 108.3 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.

end of report

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Urine Routine And Microscopy

TEST

Physical Examination

Volume

Colour

Specific Gravity

Appearance

pH

(Acidic)

Chemical Examination

Protein

Sugar

Bile Salts

Bile Pigments

Microscopic Examination

Pus Cells

Red Blood Cells

Epithelial Cells

Crystal/Cast

Other

end of report

RESULTS

20 ml

Straw

1.010

Clear

5.0

Nil

Nil

N/D

N/D

2-3 /hpf

Nil /hpf

Present (+)

Nil

Nil

Signature

