



24

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 कार्डियोलॉजिस्ट

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. Durganath Jha Date 02/12/23

Address BOB Age 50 Sex M Wt. .... B.P. ....

BOB - 170/110  
BP - 70/40  
C/S - G  
M - B

Δ - 55.17r  
DM - TL

ck  
7/12/23

clearing report  
Telus 4000

→ T. ETD - T 40/12-6 00  
(GTC)

→ T. ST-1000 XL 50 00  
(GTC)

शनिवार को केवल Emergency मरीज देखा जाएगा।

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## PATHOLOGY REPORT

Name:- Mr. Durga Nath Jha	Age :51Y/M	Date :-02/12/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No65384)	Serial Number :- 0224

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.0	gm/dl	12 - 17
Total Leukocyte Count	4,900	/Cumm.	4000 - 11000
RBC Count	4.39	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	36.4	%	30 - 50
Platelet Count	0.80	Lakhs/c.mm	1.5 - 4.5
MCV	82.9	fl	80 - 100
MCH	26.3	pg	26 - 34
MCHC	31.8	gm/dl	31.5 - 35
<b>Differential Leukocyte Count</b>			
Neutrophil	60	%	40 - 70
Lymphocyte	30	%	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



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**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	0.96	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> )	138.5	mmol/ltr	135 - 150
S. Potassium(K <sup>+</sup> )	4.08	mmol/ltr	3.5 - 5.5
S. Chloride(Cl <sup>-</sup> )	101.3	mmol/ltr	94 - 110
S. Calcium	9.04	mg/dl	8.7 - 11.0
S. Uric Acid	7.45	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	0.77	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	25.0	U/L	05 - 40
S. SGOT (AST)	33.0	U/L	05 - 40
S.GGT	40.0	U/L	05 - 45
S. Alkaline Phosphatase	105.3	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.84	g/dl	6.0 - 8.3
S. Albumin	3.75	g/dl	3.2 - 5.0
S. Globulin	3.09	g/dl	2.8 - 4.5
S. A/G Ratio	1.21		

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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	115.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	23.0	mg/dl	10 - 40
S. HDL-Cholesterol	42.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	105.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.04		Low Risk: <3.0 Average Risk: 3 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.50		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

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	101.0	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	8.4	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 Sandwisch 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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**GLYCOSYLATED HEMOGLOBIN**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	9.5	%

Mean Blood Glucose level (MBG) – 202.0 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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**Urine Routine And Microscopy**

<b><u>TEST</u></b>	<b><u>RESULTS</u></b>
<b>Physical Examination</b>	
Volume	20 ml
Colour	Straw
Specific Gravity	1.020
Appearance	Clear
pH	6.0
(Acidic)	
<b>Chemical Examination</b>	
Protein	Nil
Sugar	Prsesnt (+++)
Bile Salts	N/D
Bile Pigments	N/D
<b>Microscopic Examination</b>	
Pus Cells	1-2 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	<b>Present (+)</b>
Crystal/Cast	Nil
Other	Nil
***end of report***	

  
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