A Venture of Apple Cardiac Care
A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448

APPLE PATHOLOGY
TRUSTED RESULT

Reg.NO.	: 124	DATE	: **30/03/2023**
NAME	: **Mr. AMIT KUMAR**	AGE	: 35 Yrs.
REFERRED BY	: Dr.Nitin Agarwal (D M)	SEX	: MALE
SAMPLE	: BLOOD		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	15.4	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	8,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
Monocytes	00	%	01-06
Basophils	00	%	00-02
TOTAL R.B.C. COUNT	5.27	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	48.3	%	35-54
M C V	91.7	fL	76-96
M C H	29.2	pg	27.00-32.00
M C H C	31.9	g/dl	30.50-34.50
PLATELET COUNT	2.21	lacs/mm3	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	09	mm	00 - 15

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN	5.7		

EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

***ADA: American Diabetes Association**

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT)	22	U/L	7-32
BLOOD SUGAR F.	97	mg/dl	60-100

HAEMATOLOGY

BLOOD GROUP

Blood Group	B+
Rh	POSITIVE

BIOCHEMISTRY

BLOOD UREA NITROGEN	21	mg/dL.	5 - 25
SERUM CREATININE	1.0	mg/dL.	0.5-1.4

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URIC ACID	7.6	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

SERUM SODIUM (Na)	138	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.6	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.4	mg/dl	8.5 - 10.5
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.7	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.7	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.68		0.0-2.0
SGOT	**67**	IU/L	0-40
SGPT	**78**	IU/L	0-40
SERUM ALK.PHOSPHATASE	74	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL
Premature infants. 0 to 1 day: <8 mg/dL **Premature infants.** 1 to 2 days: <12 mg/dL **Adults:** 0.3-1 mg/dL.
Premature infants. 3 to 5 days: <16 mg/dL **Neonates, 0 to 1 day:** 1.4-8.7 mg/dL
Neonates, 1 to 2 days: 3.4-11.5 mg/dL **Neonates, 3 to 5 days:** 1.5-12 mg/dL **Children 6 days to 18 years:** 0.3-1.2 mg/dL

COMMENTS–
Total and direct bilirubin determination in serum is used for the diagnosis,differentiation and follow -up of jaundice.Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis,IM and cirrhosis.Organs rich in SGOT are heart ,liver and skeletal muscles. When any of these organs are damaged,the serum SGOT level rises in proportion to the severity of damage.Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis ,biliary obstructions,hyperparathyroidism,steatorrhea and bone diseases.

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AGE : 35 Yrs.
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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	**229**	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	150	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	30	mg/dL.	15 - 40
LDL CHOLESTEROL	**151**	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.77	mg/dl	
LDL/HDL CHOLESTEROL RATIO	3.15	mg/dl	

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and pancreatitis.
CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the managment of cardiovascular disease.Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.
LDL - CHOLESTEROL& TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

URINE EXAMINATION

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	25	ml	
Colour	DARK Yellow		
Appearence	Clear		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	TRACE		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	0-1	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

BIOCHEMICAL

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REFERRED BY	: Dr.Nitin Agarwal (D M)	AGE	: 35 Yrs.
SAMPLE	: BLOOD	SEX	: MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
Prostatic Specific Antigen	2.1	ng/ml	0-4

Prostatic Specific Antigen (P.S.A)

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with bening prostatic hypertrophy.

* Quality controlled report with external quality assurance

--{End of Report}--

Dr. Shweta Agarwal
MD(Pathology), Apple Pathology
Bareilly (UP)

Report is not valid for medicolegal purpose

TEST REPORT

MODERN®
Diagnostic & Research Centre

Quality • Compassion • Trust

Visit ID	**: MBAR41728**	Registration	: 30/Mar/2023 03:38PM
UHID/MR No	: ABAR.0000041716	Collected	: 30/Mar/2023 03:43PM
Patient Name	**: Mr.AMIT KUMAR**	Received	: 30/Mar/2023 03:46PM
Age/Gender	: 35 Y 0 M 0 D /M	Reported	: 30/Mar/2023 06:08PM
Ref Doctor	: Dr.NITIN AGARWAL	Status	: Final Report
Client Name	: MODERN PATH SERVICES, BARELLY	Client Code	: 2423
Client Add	: 240,Sanjay Nagar Bareilly (UP)	Barcode No	: a3668773

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)				
Sample Type : SERUM				
T3	1.68	ng/ml	0.61-1.81	CLIA
T4	10.5	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	1.972	ulU/mL	0.55-4.78	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
9. **REFERENCE RANGE:**

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 – 2.500
2nd Trimester	0.200 – 3.000
3rd Trimester	0.300 – 3.000

(Reference range recommended by the American Thyroid Association)

Comments :

1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***

Miti

Dr. Miti Gupta
DNB ; MD [Pathology]

॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

DR. LOKESH GOYAL
MBBS (KGMC), MD (RADIOLOGY)
CONSULTANT INTERVENTIONAL RADIOLOGIST
FORMER SR. REGISTRAR - APOLLO HOSPITAL, NEW DELHI
LIFE MEMBER OF IRIA

Timings : 9:00 am to 9:00 pm, Sunday 9.00 am to 3.00 pm ☎ 8392957683, 6395228718

MR. AMIT KUMAR
DR. NITIN AGARWAL, DM

30-03-2023

REPORT

EXAMINATION PERFORMED: X-RAY CHEST

B/L lung fields are clear

Both of the CP angles are clear.

Both hila show a normal pattern .

Cardiac and mediastinal borders appear normal.

Visualized bony thorax and soft tissue of the chest wall appear normal.

IMPRESSION ---NO SIGNIFICANT ABNORMALITY IS SEEN

Not for medico-legal purpose

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

PARAS MRI & ULTRASOUND CENTRE

MOST ADVANCED 32 CHANNEL 3T 3D WHOLE BODY MRI

261, ASHAPURAM, OPP. DR. BASU EYE HOSPITAL, STADIUM ROAD, BAREILLY

• Helpline : 7300761761 • E-mail : parasmribly@gmail.com

REPORT

4D / 5D ULTRASOUND | COLOR DOPPLER | TVS/ TRUS | MUSCULOSKELETAL USG

Date : 30.3.2023
Name : AMIT KUMAR 35Y/M
Ref.BY : APPLE CARDIAC CARE

ULTRASOUND WHOLE ABDOMEN

==========

LIVER - ***Liver is enlarged in size ~ 16.2cm and outline. It shows increased echogenicity.*** No obvious focal pathology is seen. The intra hepatic billary radicals are not dilated. PV –normal.

GALL BLADDER -Gall Bladder is normal in size, has normal wall thickness with no evidence of calculi. Fat planes between GB and liver are well maintained. The CBD appears normal.

PANCREAS - Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductile dilatation is seen.

SPLEEN - Spleen is normal in size and echogenicity. There is no evidence of collaterals

KIDNEYS - Both kidneys are normal in position, outline and echogenicity. No calculi are seen on both sides CMD is maintained. No evidence of hydronephrosis is seen on both sides.

URINARY BLADDER -Urinary Bladder is normal in size and outline. There is no evidence of any obvious intraluminal or paramedical pathology. **Wall is not thickened.**

PROSTATE- Normal in size and echotextrue.

No evidence of ascites/pleural effusion/ adenopathy is seen. Bowel loops are not dilated. Bilateral iliac fossa appears normal

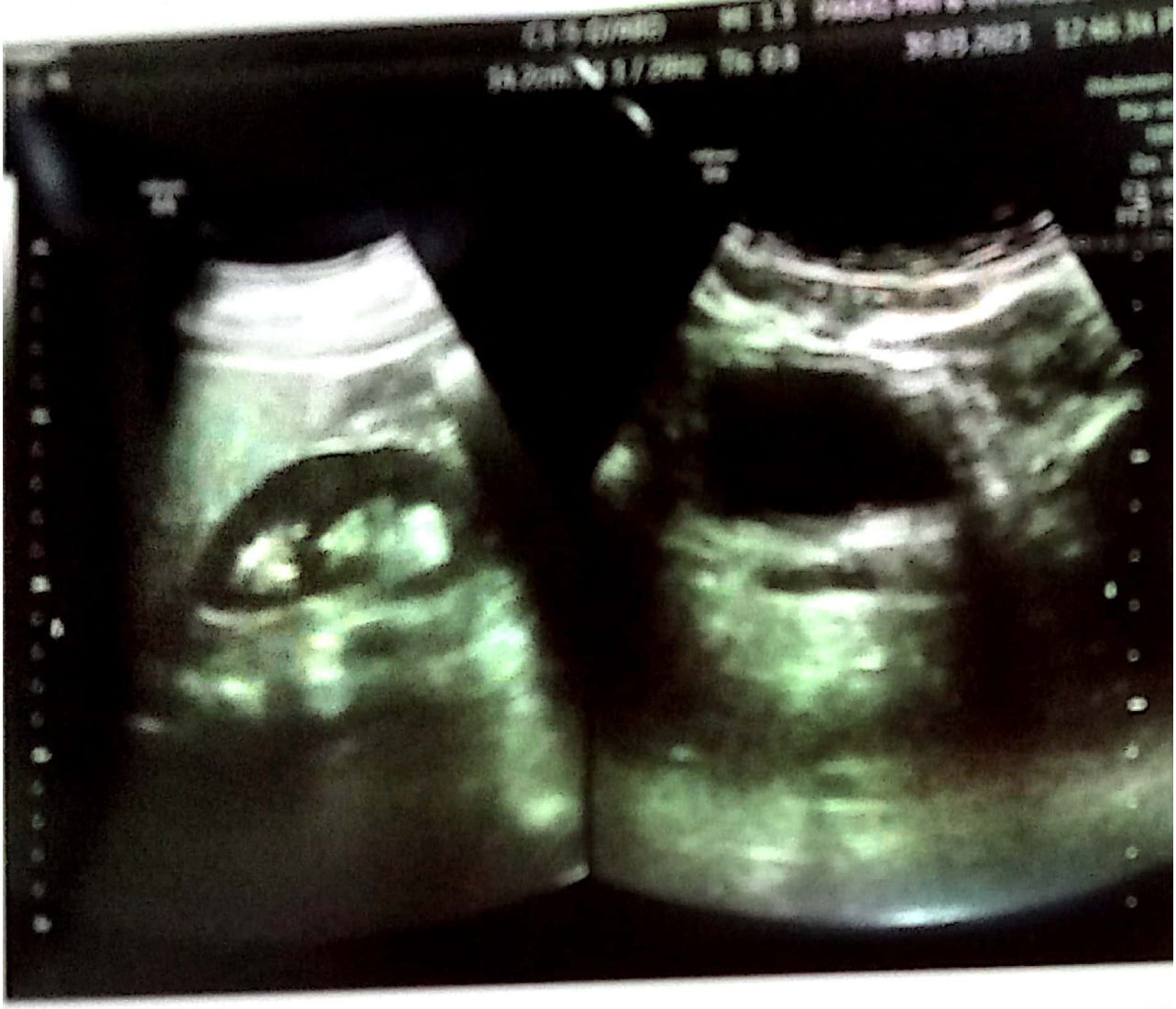
IMPRESSION:

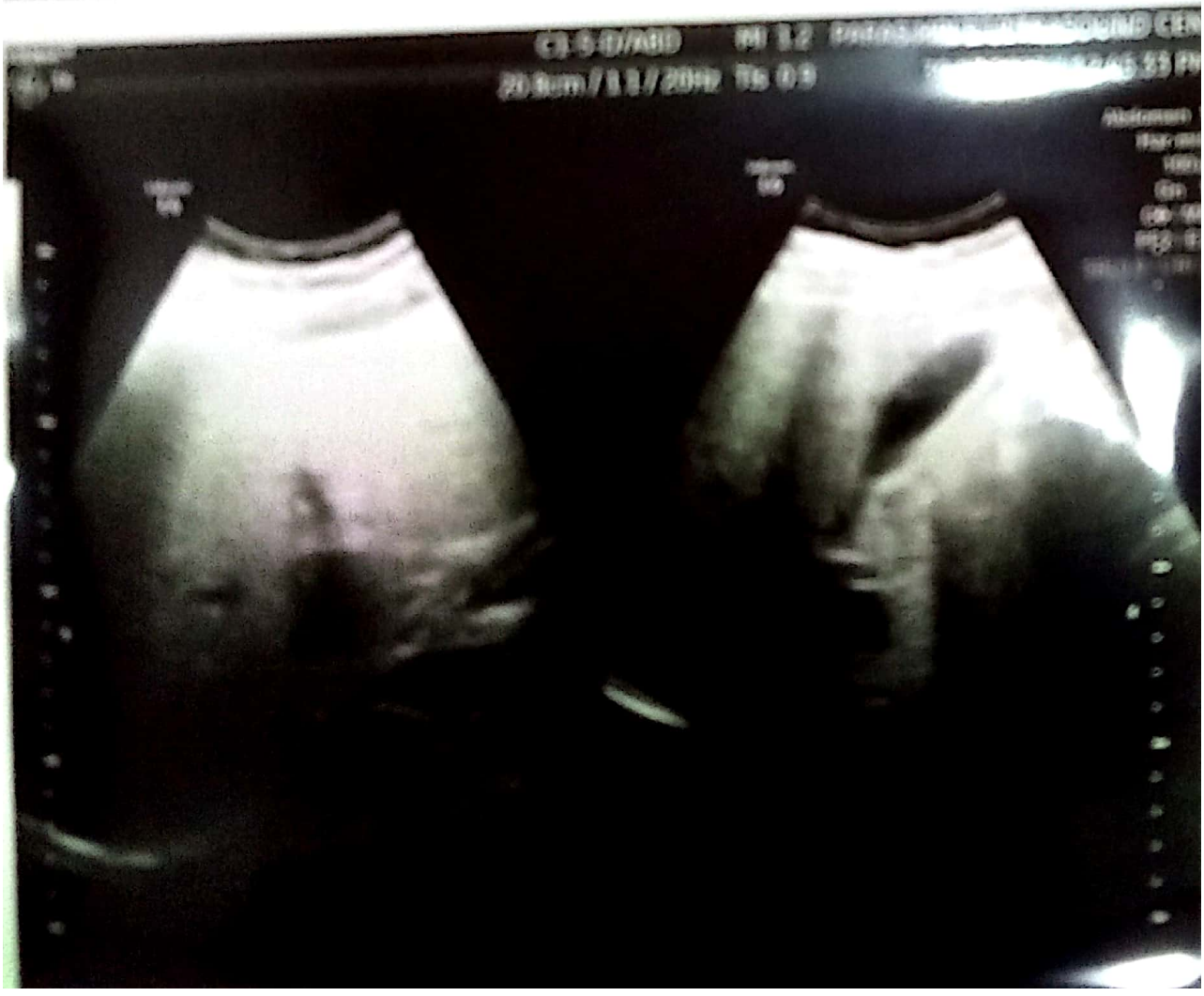
- **Hepatomegaly with grade II fatty changes.**

Adv- clinical correlation.

Dr. Puja Tripathi
M.B.B.S., M.D.
MBBS, MD (Radiodiagnosis, SGPGI)

NOT VALID FOR MEDICO LEGAL PURPOSE





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APPLE CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC
A UNIT OF PRIME HEART CARE

NAME	Mr. AMIT KUMAR	**AGE/SEX**	35 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	**DATE**	01/04/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

MEASUREMENTS		VALUE	NORMAL DIMENSIONS
LVID (d)	4.6	cm	(3.7 –5.6 cm)
LVID (s)	2.6	cm	(2.2 –3.9 cm)
RVID (d)	2.4	cm	(0.7 –2.5 cm)
IVS (ed)	1.0	cm	(0.6 –1.1 cm)
LVPW (ed)	1.0	cm	(0.6 –1.1 cm)
AO	2.2	cm	(2.2 –3.7 cm)
LA	3.0	cm	(1.9 –4.0 cm)
LV FUNCTION			
EF	60	%	(54 –76 %)
FS	30	%	(25 –44 %)

LEFT VENTRICLE : No regional wall motion abnormality
No concentric left Ventricle Hypertrophy

MITRAL VALVE : Thin, PML moves posteriorly during Diastole
No SAM, No Subvalvular pathology seen.
No mitral valve prolapse calcification .

TRICUSPID VALVE : Thin, opening wells. No calcification, No doming .
No Prolapse.
Tricuspid inflow velocity= 0.7 m/sec

AORTIC VALVE : Thin, tricuspid, opening well, central closer, no flutter.
No calcification
Aortic velocity = 1.3 m/sec

PULMONARY VALVE : Thin, opening well, Pulmonary artery is normal
EF slope is normal.
Pulmonary Velocity = 0.9 m /sec

ON DOPPLER INTERROGATION THERE WAS :

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

MITRAL FLOW E= 0.8 m/sec A= 0.6 m/sec

ON COLOUR FLOW:

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

COMMENTS:

- No LA /LV clot
- No pericardial effusion
- No intracardiac mass
- IAS/IVS Intact
- Inferior vena cava – normal in size with normal respiratory variation

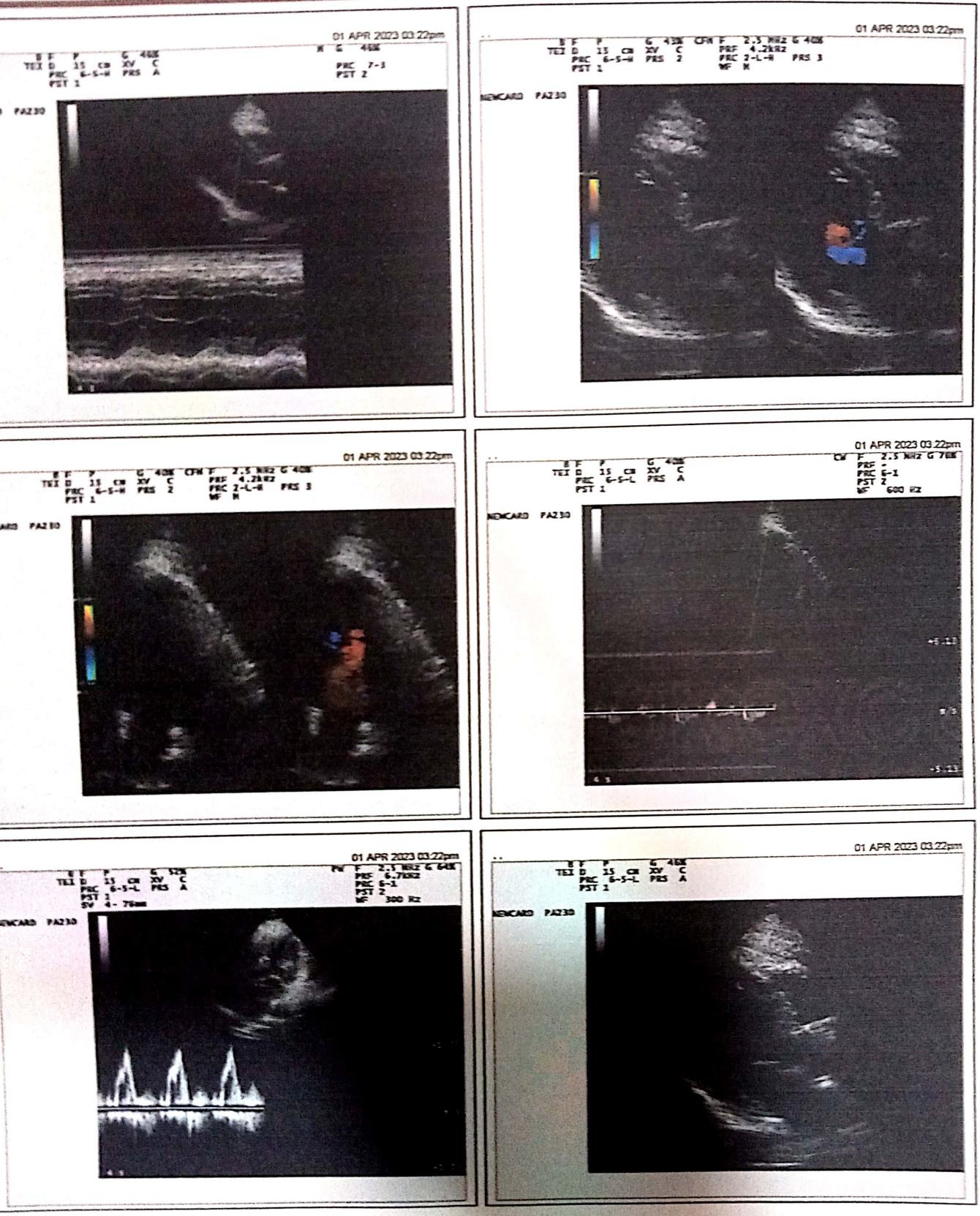
FINAL IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN

डॉ० नितिन अग्रवाल
डी०एम०
हृदय रोग विशेषज्ञ

DR.NITIN AGARWAL
DM (Cardiology)
Consultant Cardiologist

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.



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Cell : +91-94578 33777
Formerly at :
Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi

APPLE CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC

1/2/23

डॉ० नितिन अग्रवाल
डी०एम०
हृदय रोग विशेषज्ञ

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OPD Timings : 12.00 Noon to 04.00 pm, **Sunday :** 12.00 Noon to 3.00 pm

नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977

VALID FOR 5 DAYS. पर्चा पाँच दिन के लिये मान्य

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APPLE CARDIAC CARE
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