

# Dr. Nitin Agarwal

MD., DM (Cardiology)  
Consultant Interventional Cardiologist  
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

14/4/23  
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110

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TG = 177  
LCL = 135

122  
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A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

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.

पचास पांच दिन के लिये मान्य





<b>NAME</b>	Mr. GAURAV PAL	<b>AGE/SEX</b>	30 Y/M
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	14/04/2023

### ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.5 cm	( 3.7 –5.6 cm)
LVID (s)	2.5 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)
<u>LV FUNCTION</u>		
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

FACILITIES : ECG | COLOUR DOPPLER | ECHO CARDIOGRAPHY  
 TMT | HOLTER MONITORING | PATHOLOGY



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



DR. NITIN AGARWAL  
DM (Cardiology)  
Consultant Cardiologist



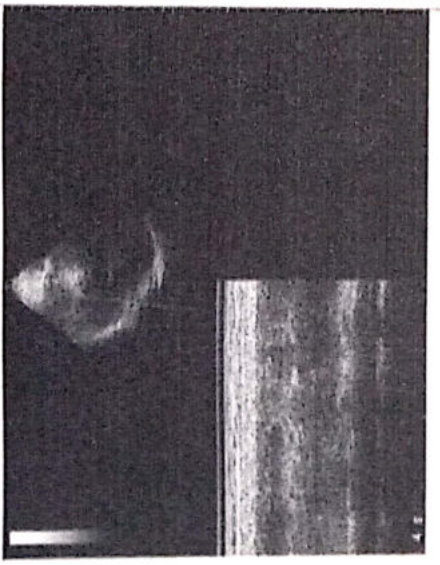
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This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.



14 APR 2023 03:26pm  
M G 528  
PAC 7-3  
PST 1

S F P G 528  
TEL D ZI CR XV C  
PAC 6-5-L PAS A  
PST 1



MEMCARD PAZ30

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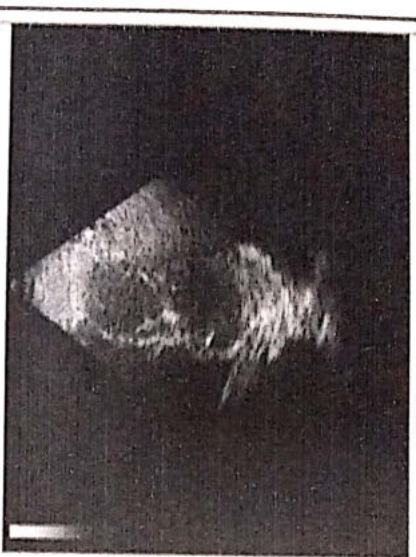
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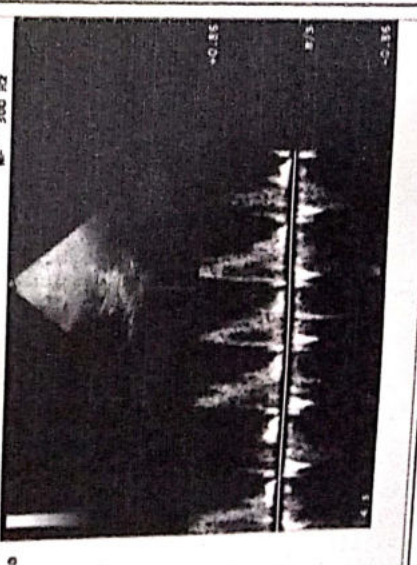
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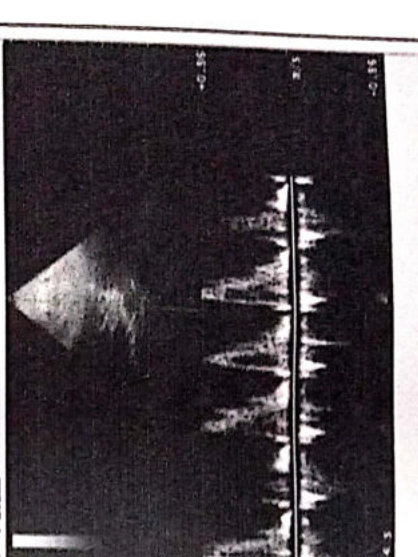
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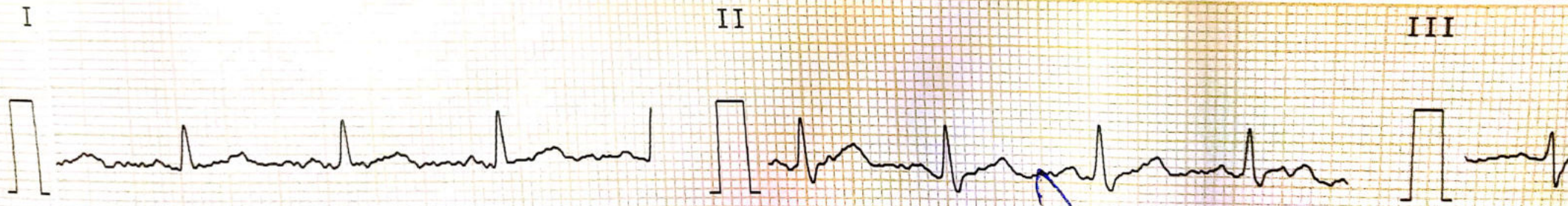
MEMCARD PAZ30



10mm/mV 25mm/sec 25HZ

BPL CARDIART 6108T

10m



Pat. ID... Gaurav Pal

14/4/23

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डी०एम०  
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Pat

## 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. : 318  
NAME : **Mr. GAURAV PAL**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **14/04/2023**  
AGE : 30 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.4	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,400	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	5.23	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	46.4	%	35-54
M C V	88.7	fL	76-96
M C H	27.5	pg	27.00-32.00
M C H C	31.0	g/dl	30.50-34.50
PLATELET COUNT	2.95	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	10	mm	00 - 15
<b>BIOCHEMISTRY</b>			
Gamma Glutamyl Transferase (GGT)	24	U/L	7-32

### BLOOD GROUP

Blood Group  
Rh

### HAEMATOLOGY

O  
POSITIVE

### BIOCHEMISTRY

Report is not valid for medicolegal purpose





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**TEST NAME**

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
BLOOD SUGAR F.	99	mg/dl	60-100

**HAEMATOLOGY**

GLYCOSYLATED HAEMOGLOBIN

5.8

**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**

BLOOD UREA NITROGEN	21	mg/dL.	5 - 25
SERUM CREATININE	0.9	mg/dL.	0.5-1.4
URIC ACID	6.2	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)	139	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.0	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5

**Report is not valid for medicolegal purpose**

## Centre of Apple Cardiac Care

Ekta Nagar, Stadium Road,  
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<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.7	mg/dL	0.3-1.2
DIRECT	0.3	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	7.1	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.45		0.0-2.0
SGOT	<b>52</b>	IU/L	0-40
SGPT	<b>82</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	95	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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<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>234</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	<b>177</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	46	mg/dL.	30-70
VLDL CHOLESTEROL	35.4	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>152.60</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	5.09	mg/dl	
LDL/HDL CHOLESTEROL RATIO	3.32	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 in defining cardiovascular risk factors and in the management 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

**Report is not valid for medicolegal purpose**



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<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	6.0		
TRANSPARENCY			
Volume	25	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	Acidic		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	3-5	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		
Casts	Nil		NIL
DEPOSITS	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

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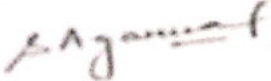


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	<b>BIOCHEMISTRY</b>		
BLOOD SUGAR P.P.	130	mg/dl	80-160

--{End of Report}--

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

MR. GAURAV PAL  
DR. NITIN AGARWAL, DM

14-04-2023

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  
RADIOLOGIST

डिजिटल एक्स-रे, मल्टी स्लाइस  
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL PURPOSE







॥ 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. GAURAV PAL  
DR. NITIN AGARWAL, DM

14-04-2023

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सी. टी. स्कैन सुविधा उपलब्ध है।



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# 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 : 14.04.2023  
Name : GAURAV PAL 30Y/M  
Ref.BY : DR APPLE CARDIAC CARE

### ULTRASOUND WHOLE ABDOMEN

**LIVER** - Liver is normal in size and outline. *It shows increased echogenicity.* No obvious focal pathology is seen. The intra hepatic biliary 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. *3-4mm concretion is seen at lower pole of left kidney.* No calculi are seen on right side. CMD is maintained. No evidence of hydronephrosis is seen on both sides.

**URINARY BLADDER** –*Minimally distended ( review at full bladder state if clinically indicated).*

**PROSTATE**- Grossly normal in size and echotexture.

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

#### IMPRESSION:

- ❖ *Grade II fatty liver.*
- ❖ *Left renal concretion.*

Adv- clinical correlation.

  
**Dr. Puja Tripathi**

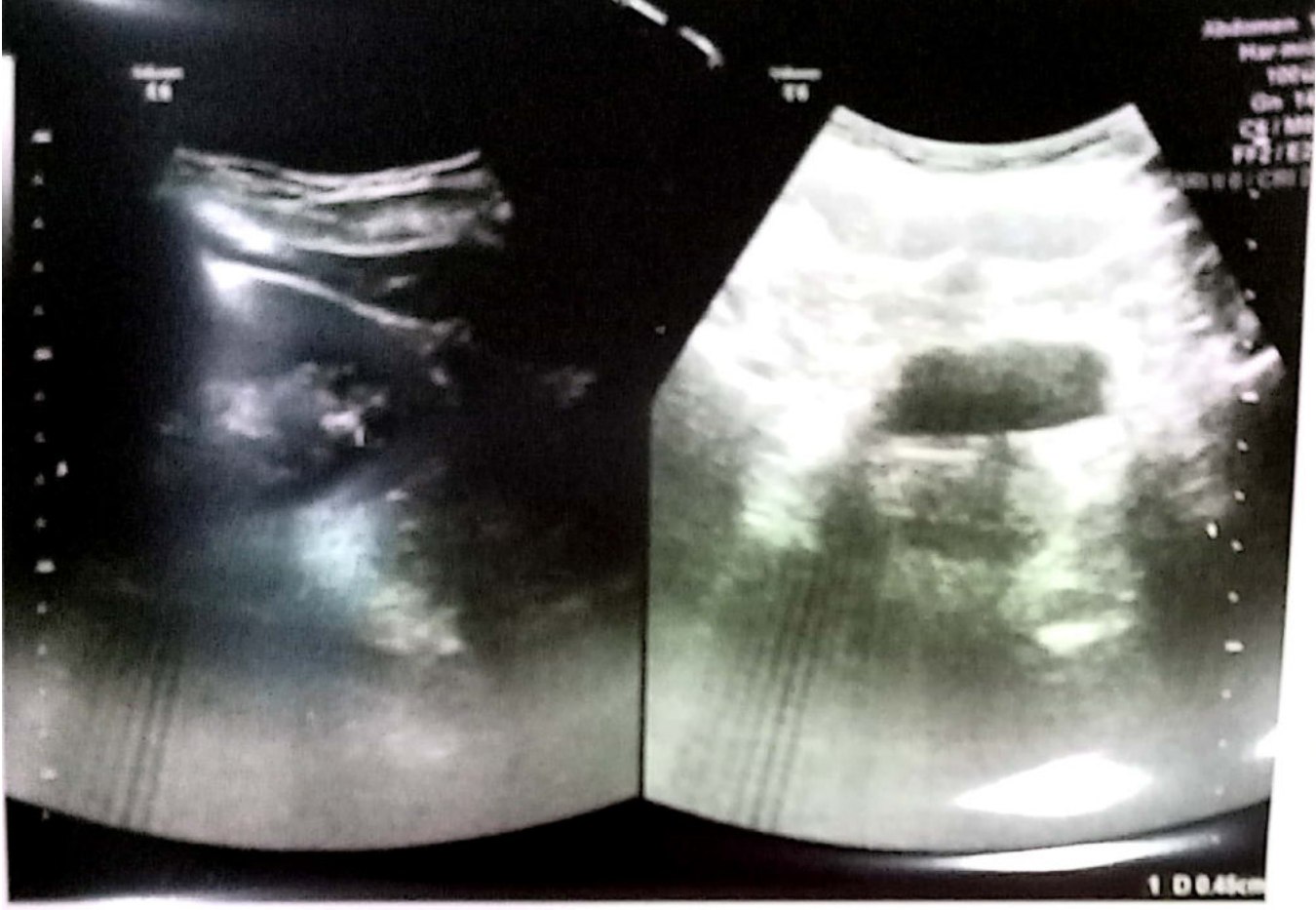
M.B.B.S., M.D.

MBBS, MD (Radiodiagnosis, SGPGI)

NOT VALID FOR MEDICO LEGAL PURPOSE



C1-5-D/ABD MI 1.3 PARAS MRI & ULTRASOUND CEN  
14.2cm / 1.1 / 28Hz Tls 0.8 14.04.2023 12:20:22 PM



C1-5-D/ABD MI 1.2 PARAS MRI & ULTRASOUND CEN  
18.2cm / 1.1 / 22Hz Tls 0.8 14.04.2023 12:59 PM

