

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

25/12/23

8/12/24

5/12/23

04/12/23

30/1/24

12/01/20

6/1

5/2

6

7/12/24 (A)

0

1/12/23

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.

पर्चा पाँच दिन के लिये मान्य



A Venture of Apple Cardiac Care

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



Reg.NO. : 4B
NAME : **Mr. BIMLESH SHARMA**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD URINE

DATE : **25/03/2023**
AGE : 30 Yrs.
SEX : MALE

TEST NAME

RESULTS

UNITS BIOLOGICAL REF. RANGE

HAEMATATOLOGY

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN

13.1 gm/dl 12.0-18.0

TOTAL LEUCOCYTE COUNT

5,200 /cumm 4,000-11,000

DIFFERENTIAL LEUCOCYTE COUNT(DLC)

Neutrophils

62 % 40-75

Lymphocytes

35 % 20-45

Eosinophils

03 % 01-08

Monocytes

00 % 01-06

Basophils

00 % 00-02

TOTAL R.B.C. COUNT

5.12 million/cumm 3.5-6.5

P.C.V./ Haematocrit value

40.8 % 35-54

M C V

79.7 fl 76-96

M C H

25.6 pg 27.00-32.00

M C H C

32.1 g/dl 30.50-34.50

PLATELET COUNT

1.52 lacs/mm3 1.50 - 4.50

E.S.R (WINTROBE METHOD)

11 mm 00 - 15

-in First hour

BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT)

20 U/L 7-32

BLOOD SUGAR F.

107 mg/dl 60-100

HAEMATATOLOGY

Report is not valid for medicolegal purpose



Entrepreneur of Apple Cardiac Care

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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BLOOD GROUP

Blood Group	O+		
Rh	POSITIVE		
GLYCOSYLATED HAEMOGLOBIN	5.9		

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	24	mg/dL.	5 - 25
SERUM CREATININE	0.9	mg/dL.	0.5-1.4

URIC ACID	7.3	mg/dl	3.5-8.0
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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)	4.9	m Eq/litre.	3.5 - 5.5

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM CALCIUM	9.6	mg/dl	8.5 - 10.5
LIVER PROFILE			
SERUM BILIRUBIN	0.7	mg/dL	0.3-1.2
TOTAL	0.4	mg/dL	0.2-0.6
DIRECT	0.3	mg/dL	0.1-0.4
INDIRECT			
SERUM PROTEINS			
Total Proteins	6.6	Gm/dL	6.4 - 8.3
Albumin	3.6	Gm/dL	3.5 - 5.5
Globulin	3	Gm/dL	2.3 - 3.5
A : G Ratio	1.2		0.0-2.0
SGOT	40	IU/L	0-40
SGPT	33	IU/L	0-40
SERUM ALK.PHOSPHATASE	66	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, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL
Neonates, 1 to 2 days: 3.4-11.5 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.

Report is not valid for medicolegal purpose

Centre of Apple Cardiac Care
3, Ekta Nagar, Stadium Road,
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	238	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	156	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	31.2	mg/dL.	15 - 40
LDL CHOLESTEROL	157.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.86	mg/dl	
LDL/HDL CHOLESTEROL RATIO	3.22	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 mellitus, 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

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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URINE EXAMINATION REPORT

PHYSICAL EXAMINATION

pH	5.0		
TRANSPARENCY			
Volume	30	ml	
Colour	Light Yellow		
Appearance	Clear		
Sediments	Nil		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	Nil		Nil
Phosphates	Absent		Nil

MICROSCOPIC EXAMINATION

Red Blood Cells	Nil	/H.P.F.	
Pus Cells	0-1	/H.P.F.	
Epithelial Cells	0-1	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

BIOCHEMISTRY

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TEST NAME

BLOOD SUGAR P.P.

RESULTS

131

UNITS

mg/dl

BIOLOGICAL REF. RANGE

80-160

--{End of Report}--

Agarwal

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





॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

DR. LOKESH GOYAL

MBBS (KGMU), 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

MRS. BIMLESH SHARMA
DR. NITIN AGARWAL, DM

25-03-2023

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
RADIOLOGIST

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



NOT VALID FOR
MEDICO LEGAL PURPOSE



MOHAN EYE HOSPITAL

E-233,247 EWS FLATS, EKTA NAGAR, NEAR SSD PLAZA, BAREILLY-243122
Ph.: 0581-2311117, M. 8979544422, 7417095527, 8218386879 E-mail: mehbareilly@gmail.com

Dr. Aditya Tyagi M.B.B.S., DO
Senior Consultant

Directors :

Mr. Ankush Sharma

Mr. Mahesh Pal

Mr. Shivam Mishra

Pharmacist :

Drx. Ankush Sharma
(B.Pharma)

Optometrist

D.R. Opt. Mahesh Pal
B.Sc. Opto.

D.R. Opt. Shivam Mishra
B.Sc. Opto.

D.R. Opt. Anil Kumar Yadav
Opto.

D.R. Opt. Deeksha
Opto.

D.R. Opt. Neetu
B.Sc. Opto.

Vh < 6/6
6/6

Colour vision : ok

IOP < 17.3 mmHg
17.3 mmHg

Fundus : ok

Bimlesh Sharma 0752/23

Gdr

G. Celluxent - 3 times daily BTE

Review in 3 months
or
LOS

not
25/3/2023

	RE				LE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
Constant								
Distance								
Reading								

Valid : 5 Days

mohaneyehospital01

A-3, Ekta Nagar, Stadium Road,
(Opposite Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 0945888448



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

NAME	Mr. BIMLESH SHARMA	AGE/SEX	30 Y/M
Ref. By	Dr. NITIN AGARWAL (DM)	DATE	25/03/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.6	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= 0.6 m/sec A= 0.8 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
- GRADE I LV DIASTOLIC DYSFUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN



DR. NITIN AGARWAL
DM (Cardiology)
Consultant Cardiologist

डॉ० नितिन अग्रवाल
डी०एम०
हृदय रोग विशेषज्ञ

please re-evaluate / reconfirm

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



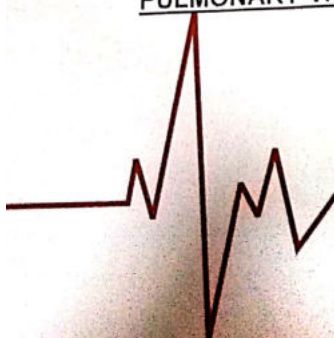


NAME	Mr. BIMLESH SHARMA	AGE/SEX	30 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	25/03/2023

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

10mm/mV 25mm/sec 25Hz

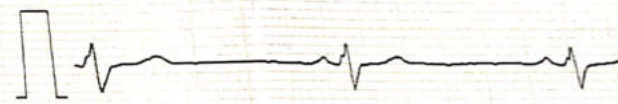
BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

I

II

III



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हृदय रोग विशेषज्ञ

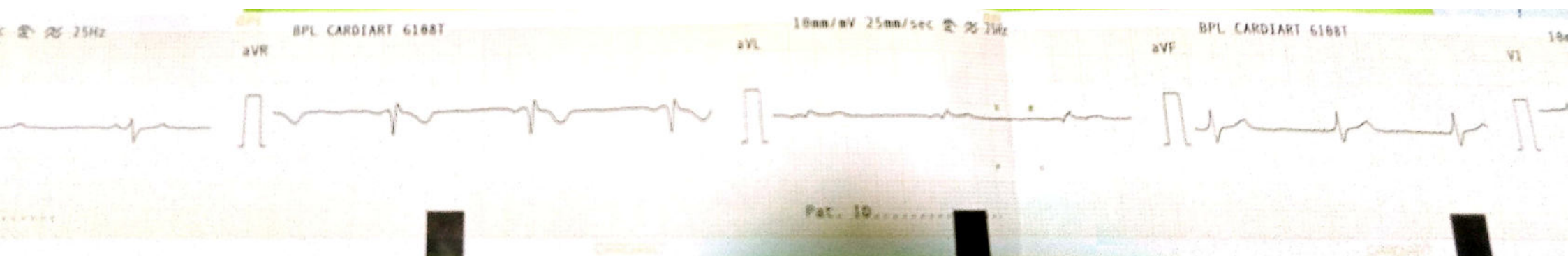
Pat. ID. Bimlesh Sharma

25/03/23

Pat. ID.

CARDIART

CARDIART



10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

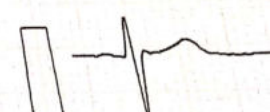
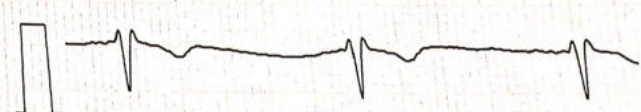
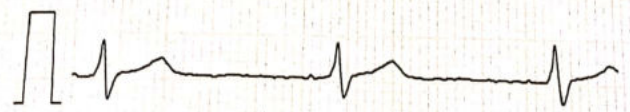
10mm/mV 25mm/sec 25Hz

BPL CARDIART

aVF

V1

V2



Pat. ID.....

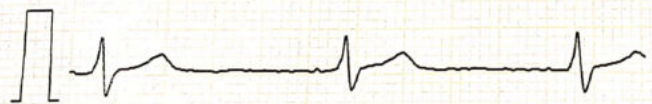
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CARDIART

/sec 25Hz

BPL CARDIART 6108T

aVF

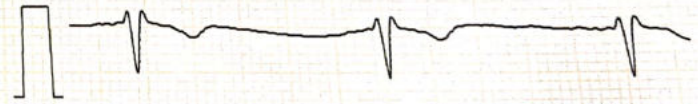


10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

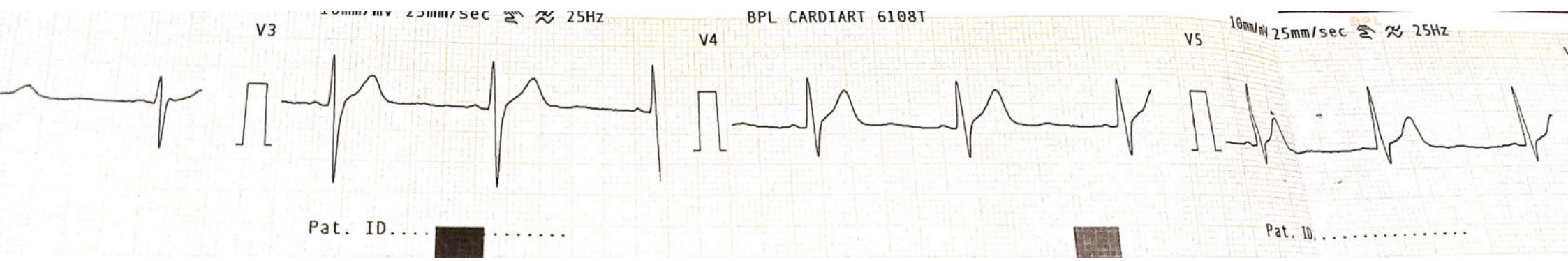
V1

V2



Pat. ID.....

CARDIART





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 : parasmriby@gmail.com

REPORT

AD / 5D ULTRASOUND

COLOR DOPPLER

TVS / TRUS

MUSCULOSKELETAL USG

Date : 25.3.2023
Name : VIMLESH SHARMA 30Y/M
Ref.BY : APPLE CARDIAC CARE

ULTRASOUND WHOLE ABDOMEN

=====

LIVER - Liver is normal in size and outline. It shows a uniform 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. 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 echotexture.

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

IMPRESSION:

- ❖ No significant abnormality seen.

Adv- clinical correlation.


Dr. Puja Tripathi

M.B.B.S., M.D.
MBBS, MD (Radiodiagnosis, SGP GI)

NOT VALID FOR MEDICO LEGAL PURPOSE



