



# 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 : paramribly@gmail.com

## REPORT

**4D / 5D ULTRASOUND**

**COLOR DOPPLER**

**TVS/ TRUS**

**MUSCULOSKELETAL USG**

Date : 11.03.2023  
Name : POOJA AGARWAL 40Y/F  
Ref.By : APPLE CARDIAC CARE

### ULTRASOUND WHOLE ABDOMEN

**LIVER** - Liver is normal in size and outline. It shows normal echogenicity. No obvious focal pathology is seen. The intra hepatic biliary radicals are not dilated. PV -5.0 mm

**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 evidence of calculi is seen. CMD is maintained. No evidence of hydronephrosis is seen on either side.

**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.

**Uterus** - Uterus is anteverted and normal in size. The myometrial and endometrial echoes are normal. The endometrial thickness measures 6 mm. No focal lesion is seen.

**Both ovaries** are normal in size and shows uniform parenchymal echogenicity and smooth outlines. No evidence of cyst or mass is seen.

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

### IMPRESSION:

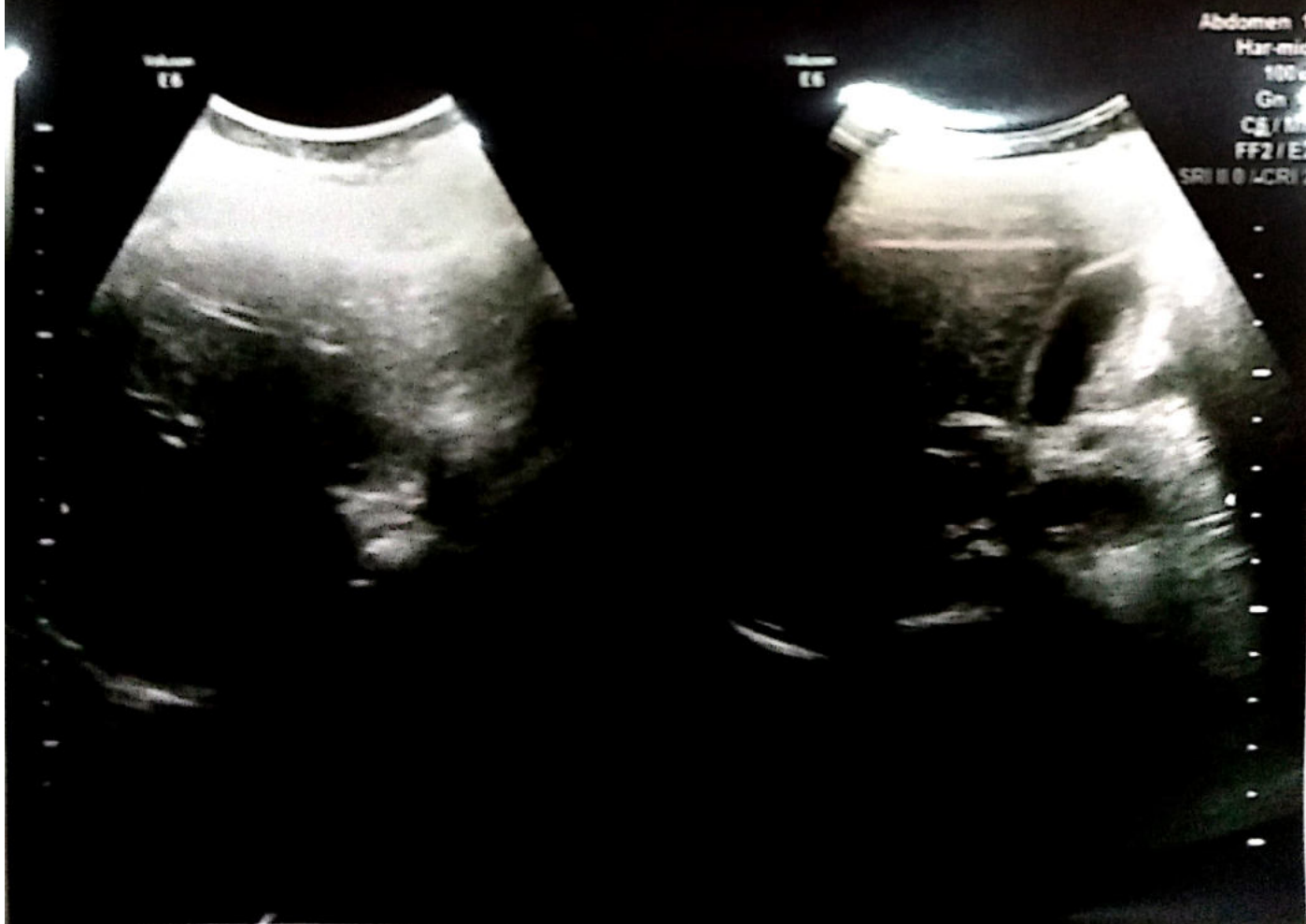
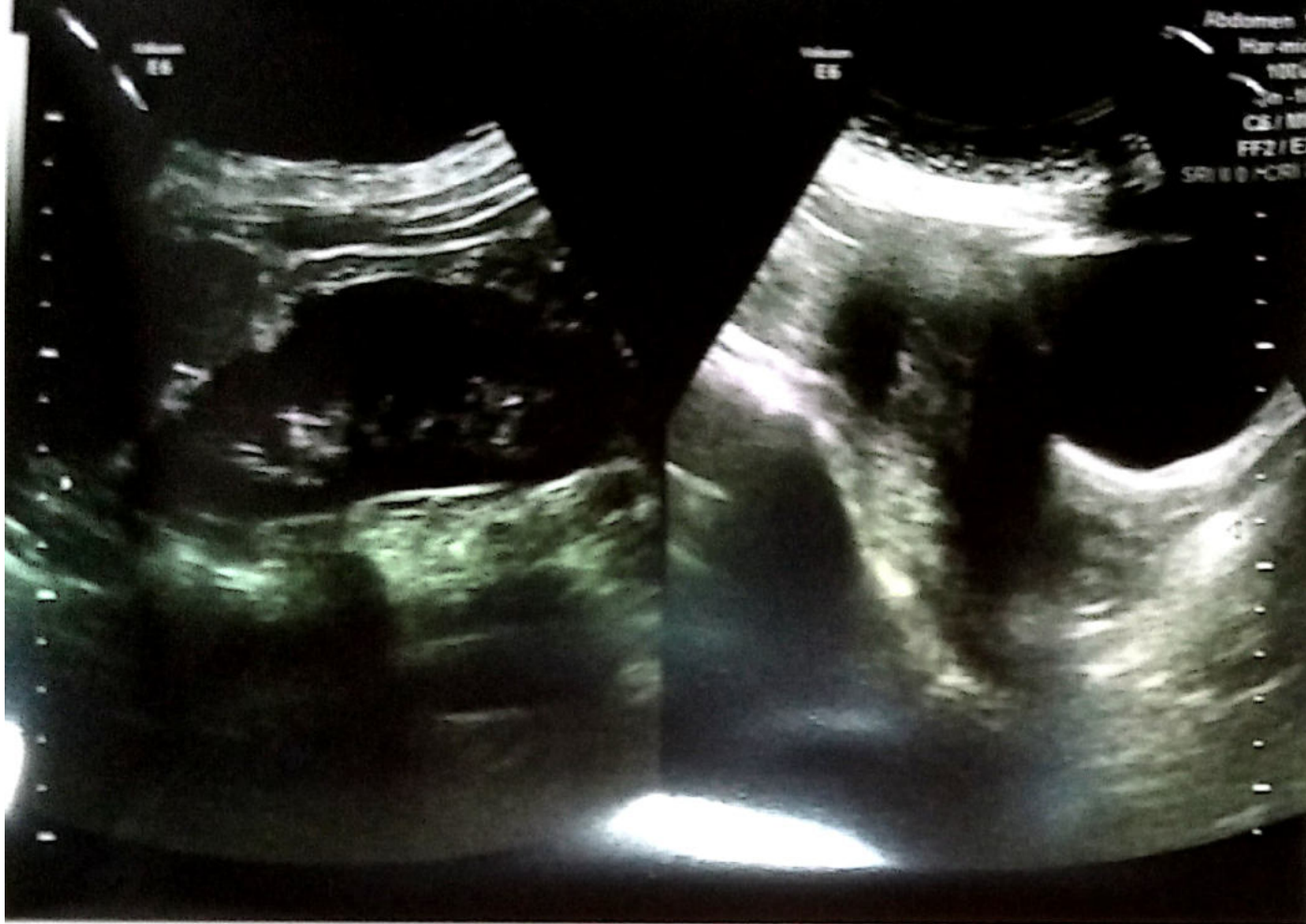
❖ No significant abnormality seen.

Adv clinical correlation.

**Dr. Puja Tripathi**

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

MBBS, MD (Radiodiagnosis, SGPGI)





<b>NAME</b>	Mrs. POOJA AGARWAL	<b>AGE/SEX</b>	40 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	11/03/2023

## 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	2.8 cm	( 1.9 –4.0 cm)
<b><u>LV FUNCTION</u></b>		
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:**

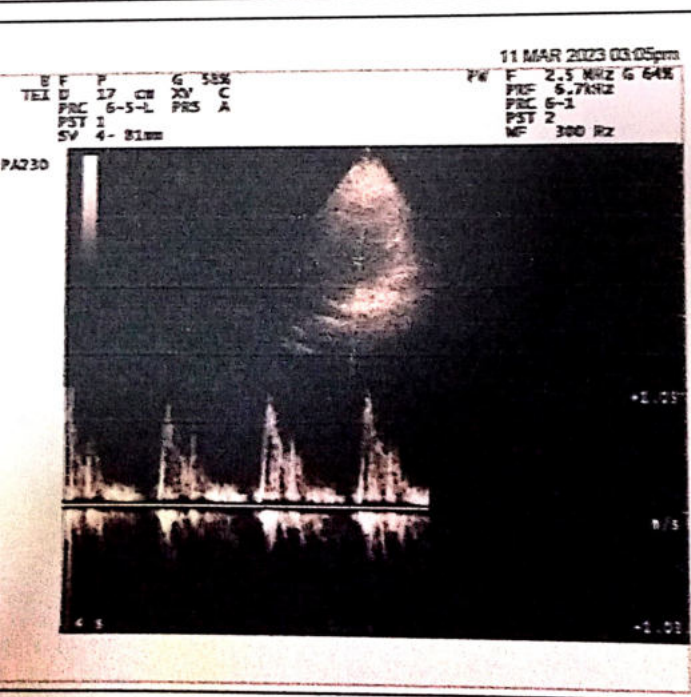
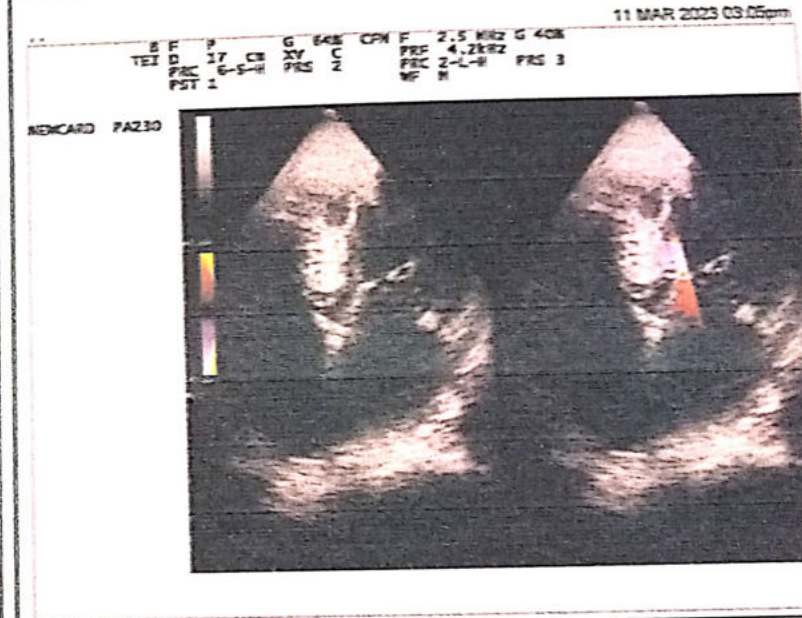
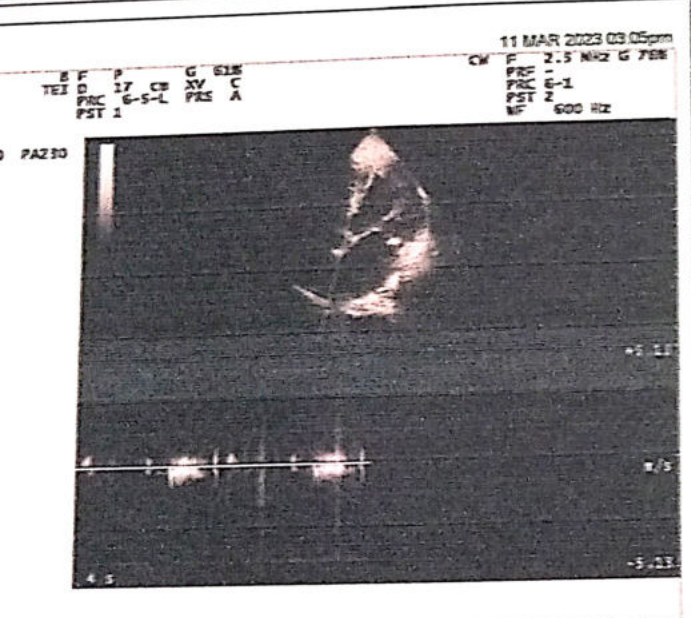
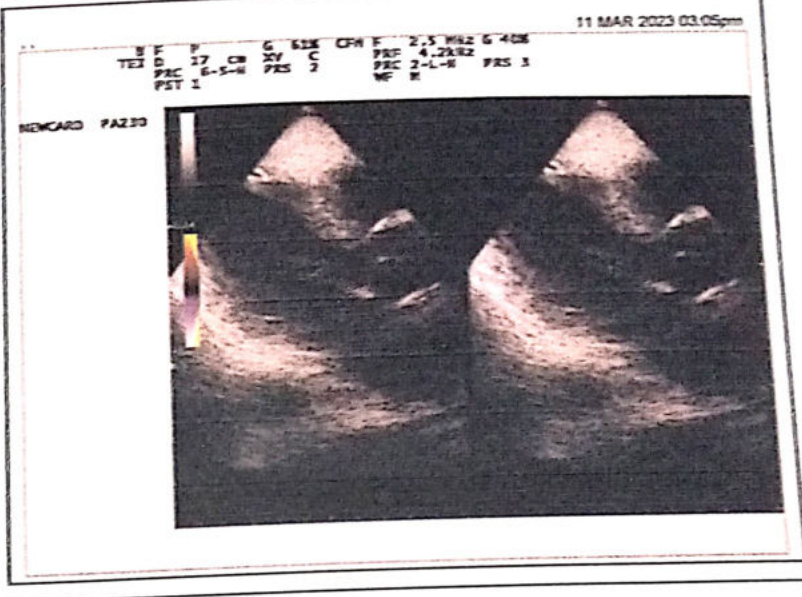
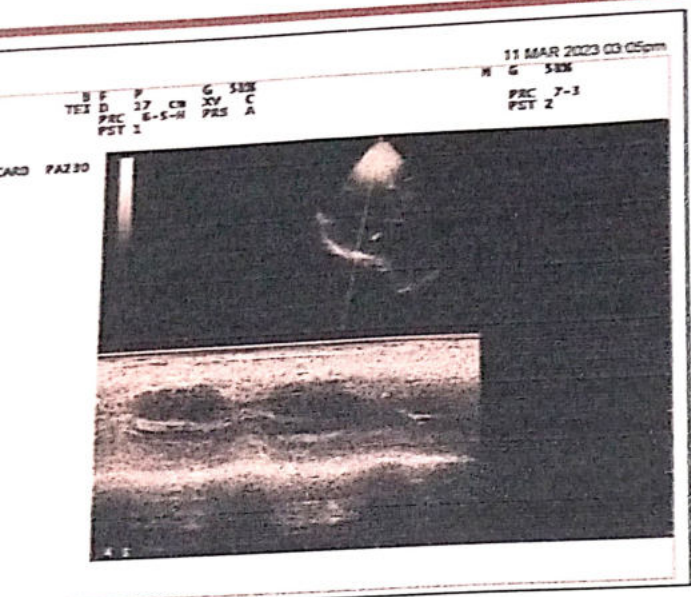
- No LA /LV clot
- No pericardial effusion
- No intracardiac mass
- IAS/IVS Intact
- Inferior vena cava – normal in size with normal respiratory variation

**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

**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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#### IMPRESSION:

❖ No significant abnormality seen.

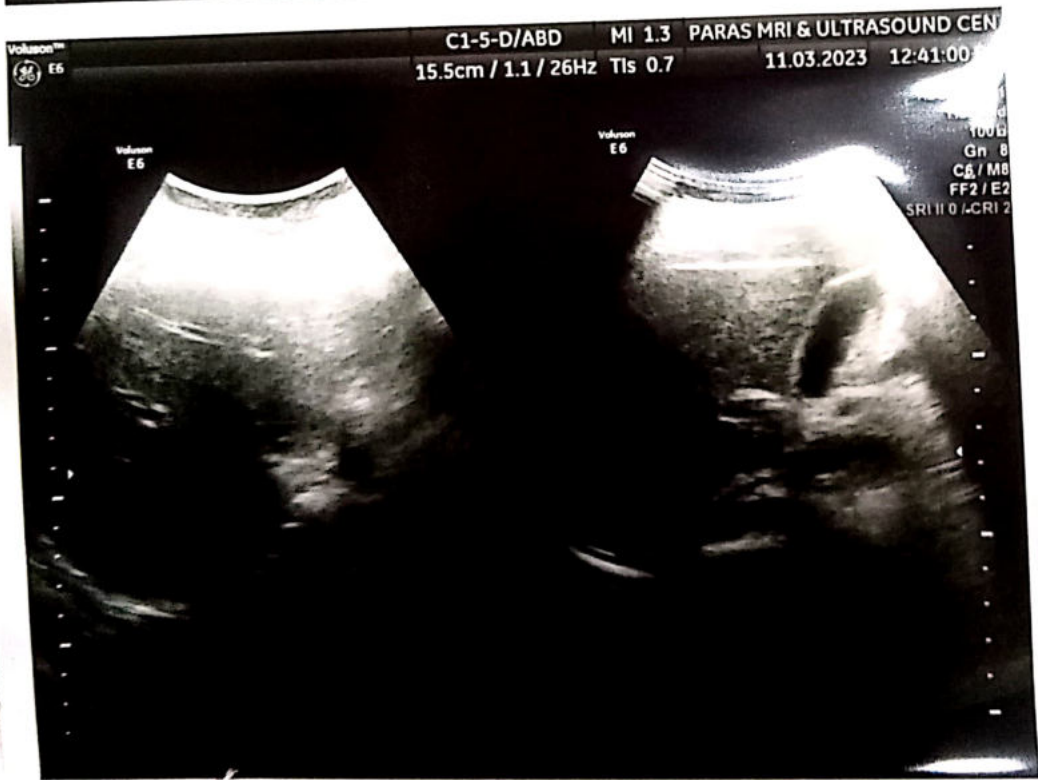
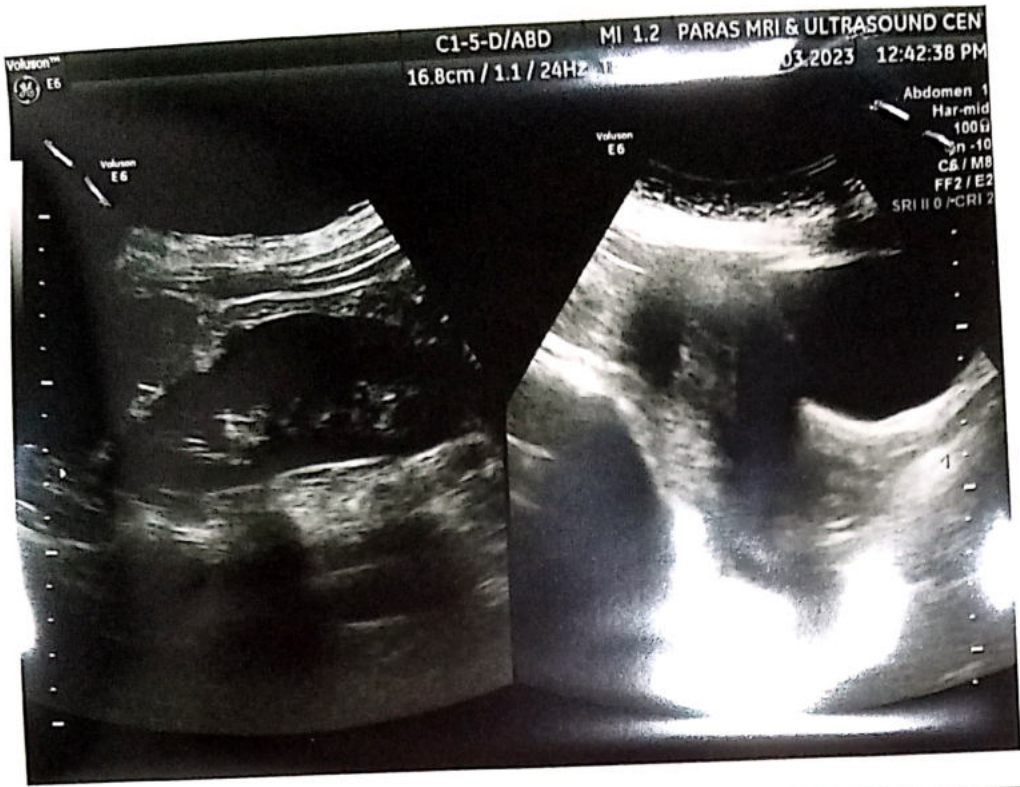
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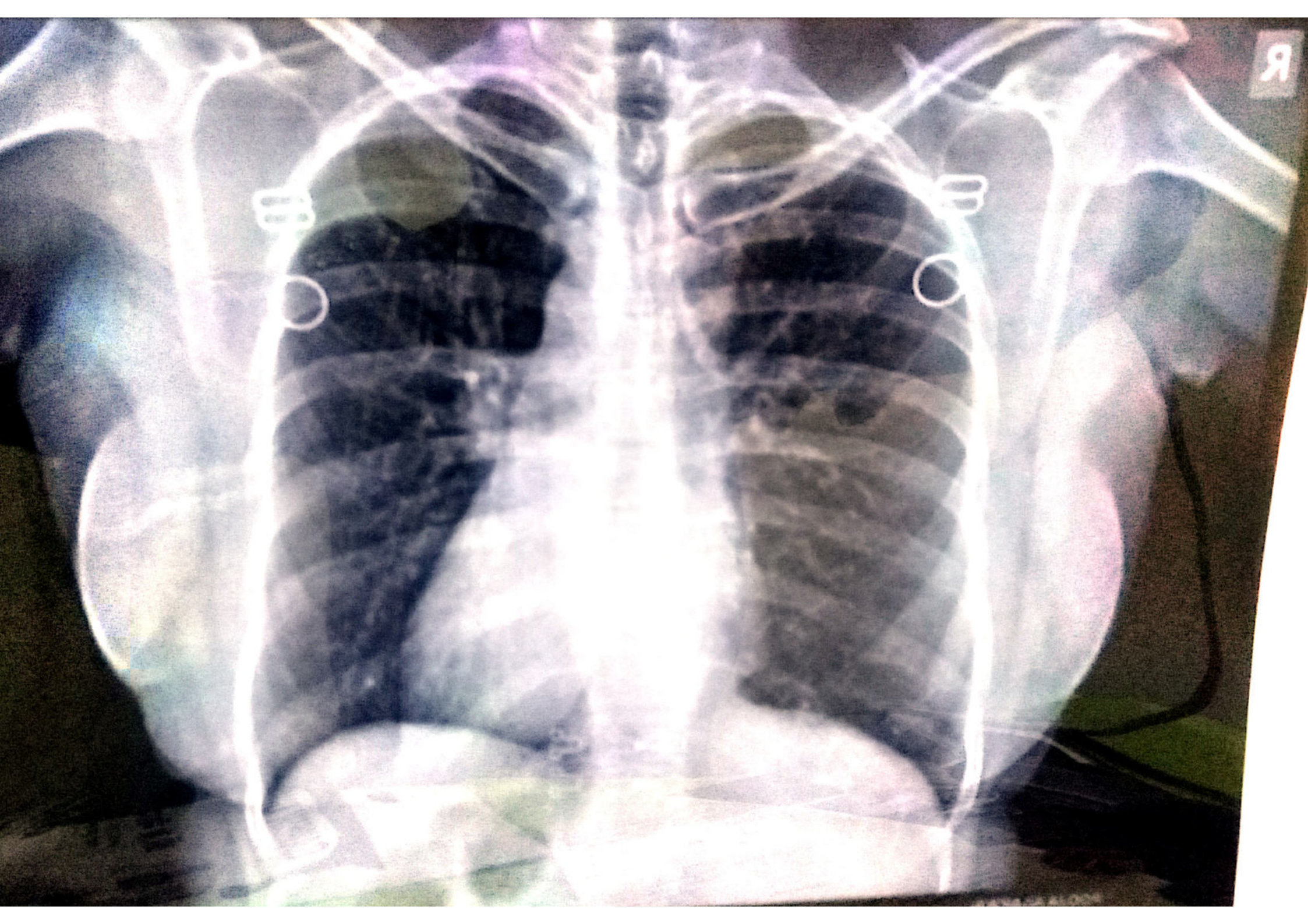
  
Dr. Puja Tripathi

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

MBBS, MD (Radiodiagnosis, SGPGI)

NOT VALID FOR MEDICO LEGAL PURPOSE









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# 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. POOJA AGARWAL  
DR. NITIN AGARWAL, DM

11-03-2023

## 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

पुत्रोत्पन्नं पुरा-रे, मत्नी स्वाईत्य  
श्री. श्री. रविन सुविधा उपलब्ध है।



**NOT VALID FOR  
MEDICO LEGAL PURPOSE**

**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. : 114  
 NAME : **Mrs. POOJA AGARWAL**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **11/03/2023**  
 AGE : 40 Yrs.  
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOTOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	12.3	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,400	/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	4.35	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	39.9	%	35-54
M C V	91.7	fL	76-96
M C H	28.3	pg	27.00-32.00
M C H C	30.8	g/dl	30.50-34.50
PLATELET COUNT	2.47	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00- 20
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	100	mg/dl	60-100
<b>HAEMATOTOLOGY</b>			
<b>BLOOD GROUP</b>			
Blood Group	A+		
Rh	POSITIVE		

**Report is not valid for medicolegal purpose**

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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	27	mg/dL.	10-40
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- \* Low serum urea is usually associated with status of overhydration severe hepatic failure.
- \* A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious imparement of renal function. In chronic renal failure , urea correlates better with the symptoms of uremia than does serum creatinine.
- \* Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.

SERUM CREATININE	0.6	mg/dL.	0.5-1.4
------------------	-----	--------	---------

URIC ACID	6.0	mg/dl	3.0-6.0
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**CLINICAL SIGNIFICANCE:**

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

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<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
SERUM SODIUM (Na)	140	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
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>304</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	128	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	25.6	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>229.40</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	6.20	mg/dl	
LDL/HDL CHOLESTEROL RATIO	4.68	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 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.

**Report is not valid for medicolegal purpose**

Centre of Apple Cardiac Care

3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
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NAME : Mrs. POOJA AGARWAL	AGE : 40 Yrs.
REFERRED BY : Dr.Nitin Agarwai (D M)	SEX : FEMALE
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TRUSTED RESULT

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SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.5	mg/dL	0.3-1.2
DIRECT	0.3	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	6.7	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.7	Gm/dL	2.3 - 3.5
A : G Ratio	1.48		0.0-2.0
SGOT	24	IU/L	0-40
SGPT	19	IU/L	0-40
SERUM ALK.PHOSPHATASE	42	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, LM 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.

## URINE EXAMINATION

**Report is not valid for medicolegal purpose**

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<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	5.0		
TRANSPARENCY		ml	
Volume	30		
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		1.015-1.025
Specific Gravity	1.020		
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	1-2	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

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**TEST NAME**

**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANGE**

---{End of Report}---

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



Part of Apple Cardiac Care  
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Gamma Glutamyl Transferase (GGT)	23	U/L	11-50

--{End of Report}--

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

Venture of Apple Cardiac Care

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**TEST NAME**

**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANGE**

BLOOD SUGAR P.P.

**BIOCHEMISTRY**

124

mg/dl

80-140

--{End of Report}--

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

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

Shobhit  
Agarwal  
42/11/23

11/3/23

120/80

96

82

Asystole

0

Exam

Life style

History

0

102 - 106

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

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

11/3/12

पुनः

अस्मा

12/1/02

46.

82

Asymptomatic.

Q

Lnc = 21

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.

पचाँ पाँच दिन के लिये मान्य