

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

Manoj Kumar
Wife

Dyslipidemia

24/6/23

120/20
84/2
CB

x

T. STATIN - 10

C

1m

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





ALPHA

DIAGNOSTICS

D/115, Gulmohar Park, Near Delapeer Talab,
Rajendra Nagar, Bareilly (U.P.)
+91-7642912345, 7642812345, , 0581-4015223
contact@alphadiagnostic.in
alphadiagnostic07@gmail.com
www.alphadiagnostic.in

Patient ID 10233146
Name Mr. MANOJ KUMAR GOEL
Sex/Age Male 56 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 24/06/2023 10:18:14
Collected On
Received On
Reported On 24/06/2023 14:18:24
Permanent ID P10100015504

X-RAY CHEST PA VIEW

Trachea is central in position.
Bony cage is normal.
Both hila are normal.
No definite evidence of pleuro pulmonary pathology
Both CP angles are clear.
Cardio - thoracic ratio is within normal limit.
Both diaphragms are normal in position and contour.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



Subhajit
DR SUBHAJIT DUTTA
MD (RADIODIAGNOSIS), DNB

Page No 1 of 1

- CT Scan (96 Slice)
- 4D Ultrasound
- Color Doppler
- 2D Echo
- Spirometry
- Digital X-Ray
- Serology
- Biochemistry
- Cytology
- Histopathology
- Microbiology
- Video Bronchoscopy
- Semen Wash For IUI
- Complete Hematology
- PCR For Covid-19 (Truenat)



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



Reg.NO. : 03
NAME : **Mr. MANOJ KUMAR GOEL**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **24/06/2023**
AGE : 56 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	160	mg/dl	80-160

--{End of Report}--

Shweta Agarwal

Dr. Shweta Agarwal, M.D.
(Pathologist)



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(Opp. Care Hospital),
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APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 19
NAME : **Mr. MANOJ KUMAR GOEL**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD
DATE : **24/06/2023**
AGE : 56 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	15.1	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	8,500	/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	4.78	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	46.5	%	35-54
M C V	97.3	fL	76-96
M C H	31.6	Pg	27.00-32.00
M C H C	32.5	g/dl	30.50-34.50
PLATELET COUNT	3.55	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	10	mm	00 - 15
GLYCOSYLATED HAEMOGLOBIN	5.5		

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.



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BIOCHEMISTRY			
BLOOD SUGAR F.	111	mg/dl	60-100
SERUM CREATININE	1.0	mg/dL.	0.5-1.4
BLOOD UREA NITROGEN	15	mg/dL.	5 - 25
URIC ACID	7.2	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

Gamma Glutamyl Transferase (GGT) 26 U/L 7-32

HAEMATOLOGY

BLOOD GROUP

Blood Group
Rh

A
POSITIVE

BIOCHEMISTRY



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LIPID PROFILE			
SERUM CHOLESTEROL	247	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	192	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	38.4	mg/dL.	15 - 40
LDL CHOLESTEROL	160.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	5.15	mg/dl	
LDL/HDL CHOLESTEROL RATIO	3.35	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.

URINE EXAMINATION

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

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DATE : **24/06/2023**
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BIOCHEMISTRY

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	3.7	Gm/dL	3.5 - 5.5
Globulin	3	Gm/dL	2.3 - 3.5
A : G Ratio	1.23		0.0-2.0

SGOT	46	IU/L	0-40
SGPT	52	IU/L	0-40
SERUM ALK.PHOSPHATASE	85	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.

--{End of Report}--

Dr. Shweta Agarwal
MD (Pathology), Apple Pathology
Bareilly (U.P.)

Report is not valid for medicolegal purpose

Lab. Timings : 9.00 a.m. to 8.00 p.m. Sunday : 10.00 a.m. to 2.00 p.m.
Home Sample Collection Facility Available



NAME	Mr. MANOJ KUMAR GOEL	AGE/SEX	56 Y/M
Ref. By	Dr. NITIN AGARWAL (DM)	DATE	24/06/2023

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)	2.6 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	2.5 cm	(2.2 -3.7 cm)
LA	3.2 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

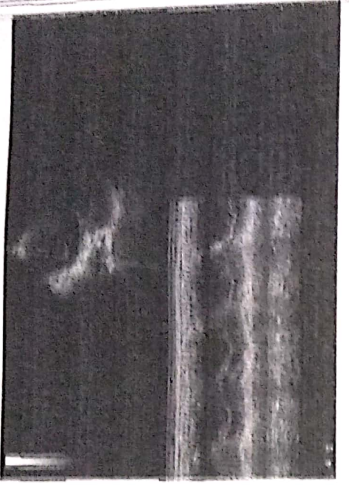
PULMONARY VALVE : Thin, opening well, Pulmonary artery is normal
 FACILITIES : ECG | COL | P | S | D | R | B | F | T | H | C | A | R | D | I | O | G | R | A | P | H | Y
 P | U | L | M | O | N | A | R | Y | V | A | L | V | E
 TMT | H | O | L | T | E | R | M | O | N | I | T | I | N | G | P | A | T | H | O | L | O | G | Y | / | S | E | C



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TIME 12:50:00
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PRG 1
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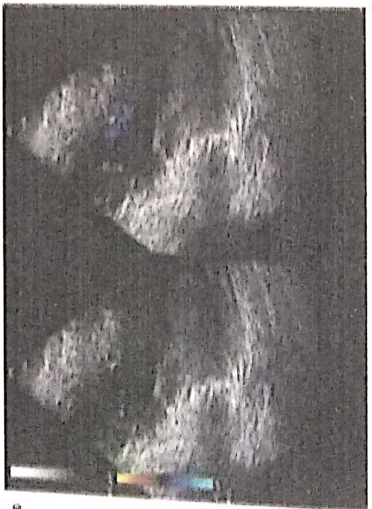
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ALPHA

DIAGNOSTICS

D/115, Guimohar Park, Near Dalapoor Talab,
Rajendra Nagar, Bareilly (U.P.)
+91-7642912345, 7642812345, 0581-4015223
contact@alphadiagnostic.in
alphadiagnostic07@gmail.com
www.alphadiagnostic.in



Patient ID	10233145	Reg. Date	24/06/2023 10:17:04
Name	MR. MANOJ KUMAR GOEL	Collected On	
Sex/Age	Male 56 Yrs	Received On	
Ref. By	DR. NITIN AGARWAL	Reported On	24/06/2023 11:27:00
Specimen		Permanent ID	P10100015504

USG WHOLE ABDOMEN

Liver - Is enlarged in size (16.4 cm). Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatis - normal

Gall bladder - Normal physiological distension. No calculus in lumen. Wall thickness is normal. CBD - normal.

Pancreas - Is normal in thickness and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

Spleen - is normal in size and normal echotexture.

Both kidneys - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder - No calculus is seen in the lumen. Wall is smooth and regular.

Prostate - Is enlarged in size (33 gm). parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Hepatomegaly with Grade I fatty changes of liver.
- Mild prostatomegaly (Grade I)

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



Collojit

DR SUBHAJIT DUTTA

MD (RADIOLOGY), DNB

Page No. 1 of 1



- CT scan (P6 slice)
- 2D Echo
- Serology
- Histopathology
- Semen Wash For UI
- 4D Ultrasound
- Spirometry
- Biochemistry
- Microbiology
- Complete Hematology
- Color Doppler
- Digital X-Ray
- Cytology
- Video Bronchoscopy
- PCR For Covid-19 (Truenat)



