



**Patient ID** 10235151  
**Name** Mr. TRIVENDRA  
**Sex/Age** Male 28 Yrs  
**Ref. By** Dr. NITIN AGARWAL  
**Specimen**



**Reg. Date** 12/08/2023 09:56:45  
**Collected On**  
**Received On**  
**Reported On** 12/08/2023 10:56:20

### X-RAY CHEST PA VIEW

Bilateral lung fields are clear.  
 Trachea is mid line.  
 Cardiac silhouette is normal.  
 Bilateral hilar shadows are normal.  
 Rib cage appears normal.  
 Bilateral CP angles are clear.

**IMPRESSION: - NORMAL X-RAY CHEST**

ADV - PLEASE CORRELATE CLINICALLY.

\*\*\* End of Report \*\*\*



**DR SUBHAJIT DUTTA**

MD RADIODIAGNOSIS (SMS JAIPUR MEDICAL COLLEGE), DNB  
 Fellowship In Intervention Radiology

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







# 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 10235149

Name Mr. TRIVENDRA

Sex/Age Male 28 Yrs

Ref. By Dr. NITIN AGARWAL

Specimen



Reg. Date 12/08/2023 09:54:08

Collected On

Received On

Reported On 12/08/2023 11:22:31

Permanent ID P10100016806

### USG WHOLE ABDOMEN

**Liver** - is normal in size (12.7 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.

**Common bile duct** - Normal in caliber. No calculi seen within CBD.

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

**Spleen** - is normal in size (9.8 cm) 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. No calculi/hydronephrosis seen.

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

**Prostate** - Size is normal (12 gm), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.  
Visualized bowel loops appear normal.

#### IMPRESSION:

∞ Grade I fatty changes of liver.

ADV - PLEASE CORRELATE CLINICALLY.

DR SUBHADIT DUTTA

MD RADIODIAGNOSIS  
(SMS JAIPUR MEDICAL COLLEGE), DNB  
Fellowship In Intervention Radiology

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■ CT Scan (96 Slice)  
■ 4D Ultrasound  
■ Color Doppler

■ 2D Echo  
■ Spirometry  
■ Digital X-Ray

■ Serology  
■ Biochemistry  
■ Cytology

■ Histopathology  
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DR SUBHAJIT DUTTA

MID RADIODIAGNOSIS  
(SMS JAIPUR MEDICAL COLLEGE), DNB  
Fellowship In Intervention Radiology



# 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. : 26  
NAME : **Mr. TRIVENDRA KUMAR**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **12/08/2023**  
AGE : 25 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	14.3	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	7,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	35	%	20-45
Eosinophils	00	%	01-08
TOTAL R.B.C. COUNT	4.65	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	48.2	%	35-54
M C V	88.2	fL	76-96
M C H	29.2	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.50	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	11	mm	00 - 15
<b>BLOOD GROUP</b>			
Blood Group	0		
Rh	POSITIVE		



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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 SUGAR F.	90	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	27	U/L	7-32

BLOOD UREA NITROGEN	20	mg/dL.	5 - 25
SERUM CREATININE	1.0	mg/dL.	0.5-1.4

URIC ACID	6.7	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.





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SAMPLE : BLOOD	

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	6.7	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.6	Gm/dL	2.3 - 3.5
A : G Ratio	1.58		0.0-2.0
SGOT	27	IU/L	0-40
SGPT	20	IU/L	0-40
SERUM ALK.PHOSPHATASE	79	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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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>210</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	<b>245</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	46 /	mg/dL.	30-70
VLDL CHOLESTEROL	<b>49</b>	mg/dL.	15 - 40
LDL CHOLESTEROL	115 /	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	<b>4.57</b>	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.5	mg/dl	0-3

#### 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.

BLOOD SUGAR P.P. 116 mg/dl 80-160

#### URINE EXAMINATION



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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	6.0		
<b>TRANSPARENCY</b>			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		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	1-	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
<b>DEPOSITS</b>			
Bacteria	NIL		
Other	NIL		



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**TEST NAME**

**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANGE**

--{End of Report}--

*S. Agarwal*

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





<b>NAME</b>	Mr. TRIVENDRA	<b>AGE/SEX</b>	28 Y/M
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	11/08/2023

## 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 .

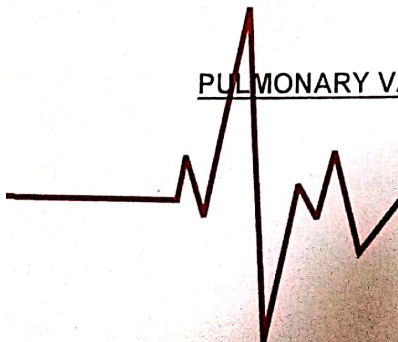
TRICUSPID VALVE : Thin, opening wells. No calcification, No doming .  
No Prolapse.  
Tricuspid inflow velocity= 0.7 m/sec

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= 0.6m/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

*nl*

**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.