



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 : 7.6.2023
Name : SHIV KUMAR 32 Y/M
Ref.By : DR. APPLE CARDIAC CARE

ULTRASOUND WHOLE ABDOMEN

LIVER - Liver is enlarged in size ~ 16.2cm and normal outline. It shows increased 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.

RIGHT KIDNEY normal in position, outline and echogenicity. No evidence of calculi is seen. CMD is maintained. No evidence of hydronephrosis is seen.

LEFT KIDNEY normal in position, outline and echogenicity. No evidence of calculi is seen. CMD is maintained. No evidence of hydronephrosis is seen.

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. Both VUJ clear.

Prostate normal in size and echotexture.

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

IMPRESSION:

❖ Hepatomegaly with grade II fatty liver.

Adv- clinical correlation.


Dr. Puja Tripathi

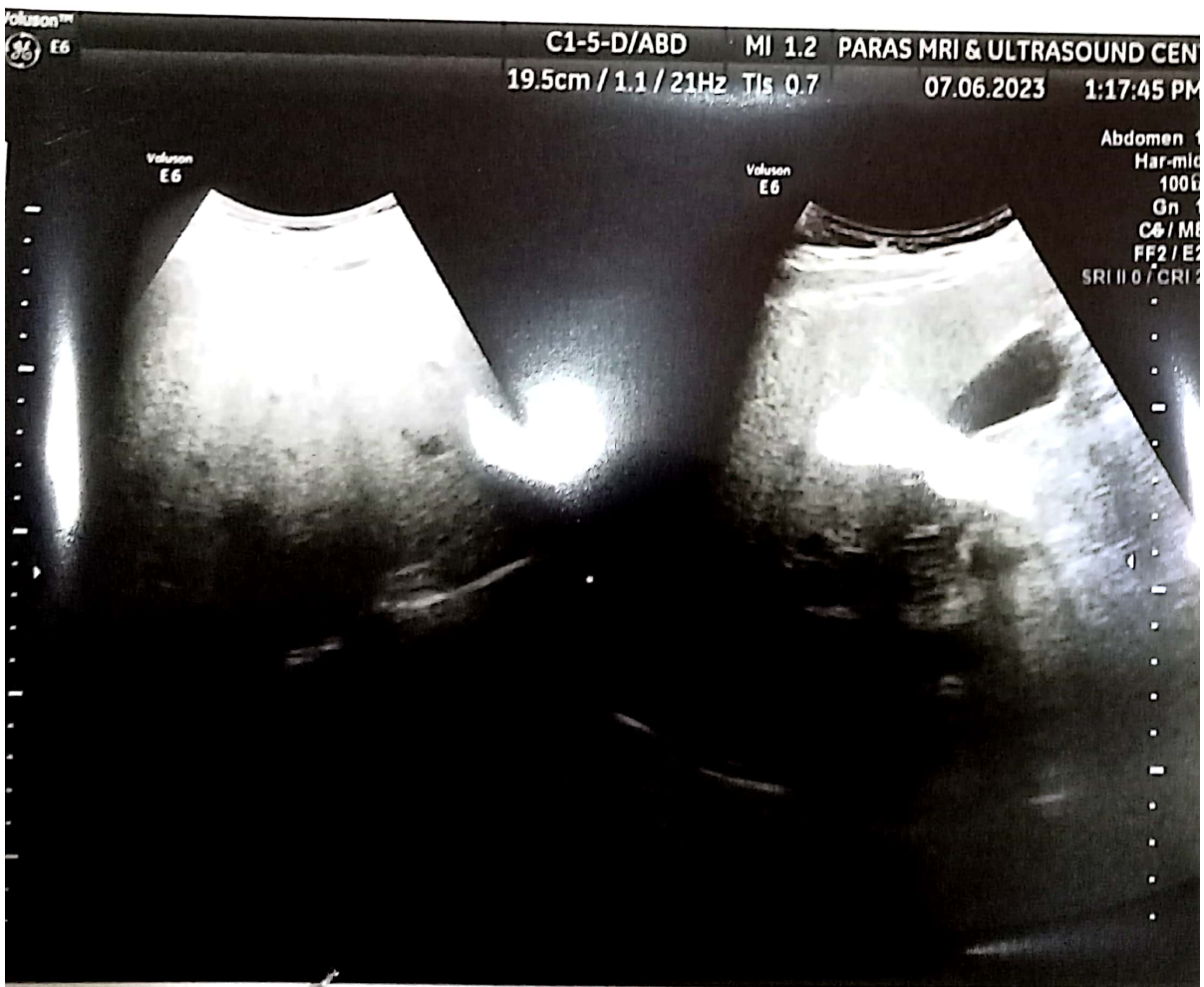
M.B.B.S., M.D.

MBBS, MD (Radiodiagnosis, SGPGI)

NOT VALID FOR MEDICO LEGAL PURPOSE



Scanned with OKEN Scanner



A Venture of Apple Cardiac Care

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



Reg.NO. : 69
NAME : Mrs. SHIV KUMAR
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : 07/06/2023
AGE : 32 Yrs.
SEX : FEMALE

<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	12.0-15.0
TOTAL LEUCOCYTE COUNT	9,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	57	%	40-75
Lymphocytes	39	%	20-45
Eosinophils	04	%	01-08
TOTAL R.B.C. COUNT	5.16	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	44.5	%	35-54
M C V	86.2	fL	76-96
M C H	29.3	pg	27.00-32.00
M C H C	33.9	g/dl	30.50-34.50
PLATELET COUNT	2.73	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	09	mm	00- 20
GLYCOSYLATED HAEMOGLOBIN	7.2		

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.



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. : 69
NAME : Mrs. SHIV KUMAR
REFERRED BY : Dr. Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : 07/06/2023
AGE : 32 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD GROUP			
Blood Group	AB		
Rh	POSITIVE		

BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT)	28	U/L	11-50
BLOOD SUGAR F.	215	mg/dl	60-100
BLOOD UREA NITROGEN	19	mg/dl.	5 - 25
SERUM CREATININE	0.8	mg/dl.	0.5-1.4
URIC ACID	6.5	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

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



Reg.NO. : 69
NAME : **Mrs. SHIV KUMAR**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **07/06/2023**
AGE : 32 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIVER PROFILE			
SERUM BILIRUBIN			
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
SERUM PROTEINS			
Total Proteins	6.7	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.68		0.0-2.0
SGOT	51	IU/L	0-40
SGPT	78	IU/L	0-40
SERUM ALK.PHOSPHATASE	97	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.

Adventure of Apple Cardiac Care

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



Reg.NO. : 69
NAME : **Mrs. SHIV KUMAR**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **07/06/2023**
AGE : 32 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	205	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	253	mg/dl.	30 - 160
HDL CHOLESTEROL	43	mg/dL.	30-70
VLDL CHOLESTEROL	50.6	mg/dL.	15 - 40
LDL CHOLESTEROL	111.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.77	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.59	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





Reg.NO. : 69
 NAME : Mrs. SHIV KUMAR
 REFERRED BY : Dr.Nitin Agarwal (D.M)
 SAMPLE : BLOOD

DATE : 07/06/2023
 AGE : 32 Yrs.
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
PH	6.0		
TRANSPARENCY			
Volume	25	ml	
Colour	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	3+		Nil
Albumin	TRACE		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	0-1	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	Nil		Nil
Casts	Nil	/H.P.F.	
DEPOSITS			
Bacteria	Nil		
Other	Nil		

BIOCHEMISTRY

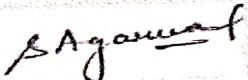
venture of Apple Cardiac Care
A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



Reg.NO. : 69
NAME : Mrs. SHIV KUMAR
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD
DATE : 07/06/2023
AGE : 32 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR P.P.	266	mg/dl	80-160

--{End of Report}--


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



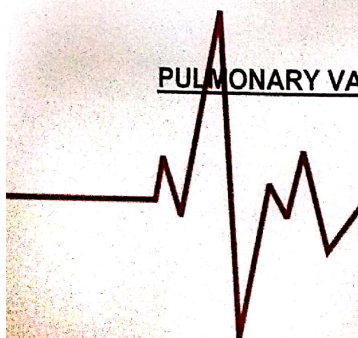
NAME	Mr. SHIV KUMAR	AGE/SEX	32 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	07/06/2023

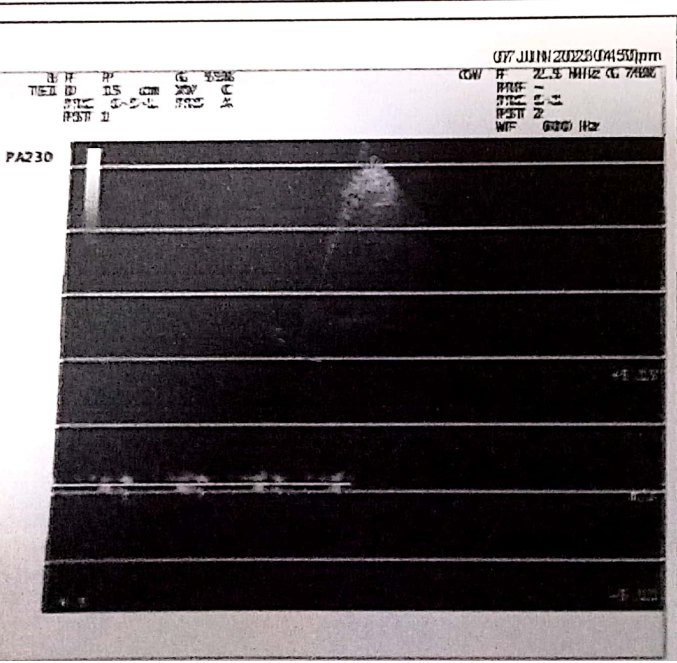
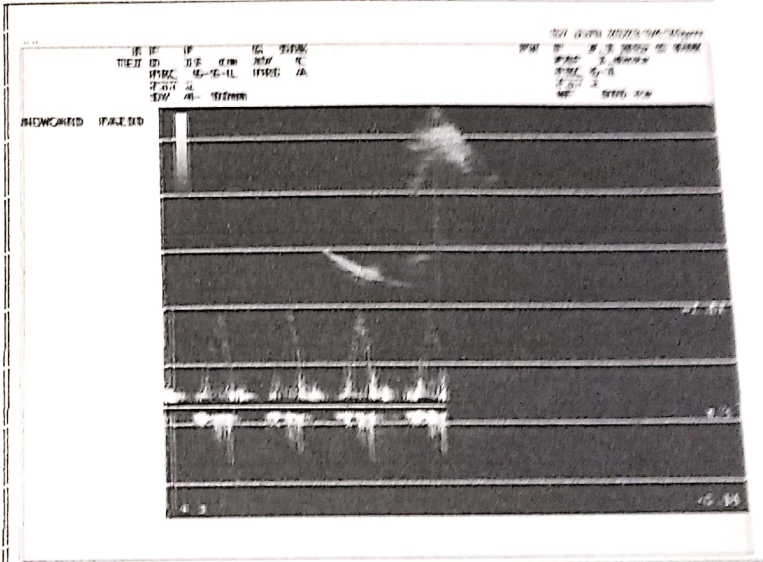
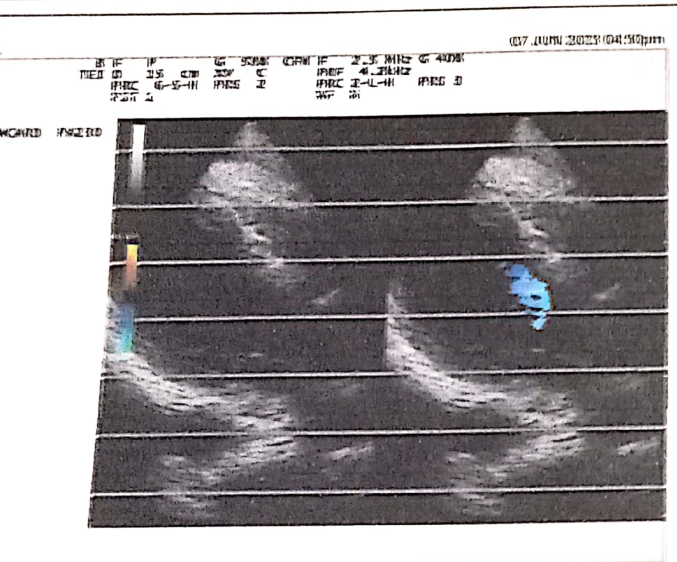
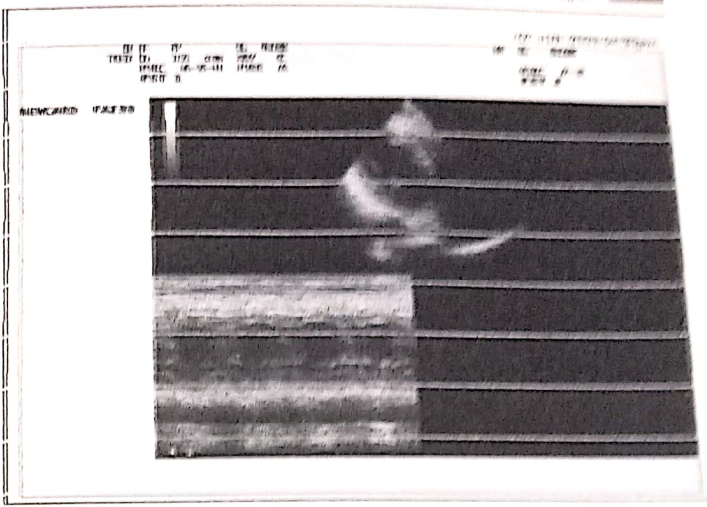
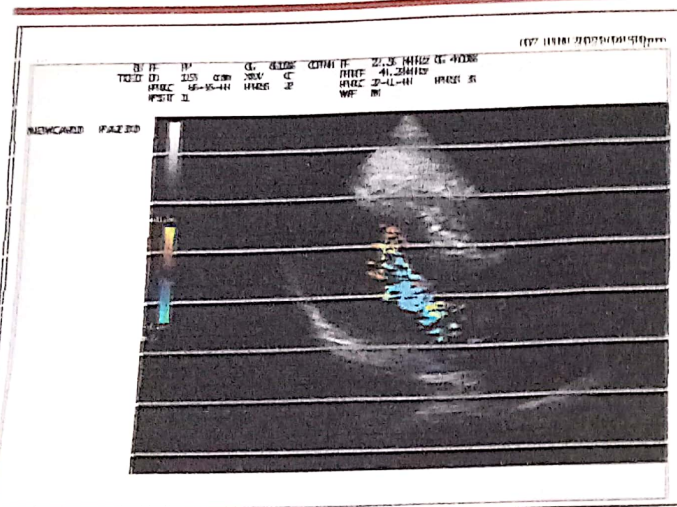
ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<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	2.5 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







॥ 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

MR. SHIV KUMAR

DR. NITIN AGARWAL, DM

07-06-2023

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
RADIOLOGY/DIAGNOSIS

डिजिटल एक्स-रे, माल्टी स्कॉर्नर
श्री. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE



Scanned with OKEN Scanner

Dr. Nitin Aggarwal

MD, DM (Cardiology)
Consultant Interventional Cardiologist
Cell: +91-94578 33777

Formerly at
Escorts Heart Institute & Research Centre, Delhi
Dr. Ravi Manohar Lohia Hospital, Delhi



APPLE
CARDIAC CARE

DR. NITIN AGGARWAL'S HEART CLINIC

Dr. Aggarwal
Dr. Aggarwal's

Shiv Kumar

714122

12/20
99
90

7. Block 100C
312 313
7. Section 60

12/20



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

संख्या लगाने के लिए फोन करें : 09458888448, 07599031977

VALID FOR 5 DAYS.

पर्याप्त दिव के लिये मान्य

