

Dr. Nitin Agarwal  
DM (CARDIOLOGY)

NO ADMISSION WITHOUT  
PERMISSION  
BEFORE ENTERING  
SWITCHED OFF OR SILENCE  
YOUR CELL PHONE  
आपके मोबाइल फोन को  
बंद करके या सILENCE पर  
आने से पहले अनुमति लें





बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम :

Name : **SANGEET KUMAR GAUTAM**

कर्मचारी कूट क्र.

E.C.No. : **68389**

जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder



Reg.NO. : 435	DATE : 24/09/2022
NAME : <b>Mr. S.K GAUTAM</b>	AGE : 46 Yrs.
REFERRED BY : Dr.Nitin Agarwal (D M)	SEX : MALE
SAMPLE : BLOOD	

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
Prostatic Specific Antigen	2.1	ng/ml	0-4

**Prostatic Specific Antigen (P.S.A)**

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

\* Quality controlled report with external quality assurance

**BIOCHEMISTRY**

BLOOD SUGAR F.	75	mg/dl	60-100
BLOOD UREA	26	mg/dL.	10-40

\* 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 impairment 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	1.1	mg/dL.	0.5-1.4
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URIC ACID	7.0	mg/dl	0-8
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**CLINICAL SIGNIFICANCE:**

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

**Apple Cardiac Care**

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



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 435  
NAME : **Mr. S.K GAUTAM**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **24/09/2022**  
AGE : 46 Yrs.  
SEX : MALE

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
SERUM SODIUM (Na)	138	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.3	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.4	mg/dl	8.5 - 10.5
<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.5	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.3	Gm/dL	2.3 - 3.5
A : G Ratio	1.83		0.0-2.0
SGOT	36	IU/L	0-40
SGPT	29	IU/L	0-40
SERUM ALK.PHOSPHATASE	83	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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SEX : MALE

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	185	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	110	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	22	mg/dL.	15 - 40
LDL CHOLESTEROL	114	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.78	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.33	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.

**HAEMATOLOGY****BLOOD GROUP**

Blood Group : A B  
Rh : POSITIVE

**BIOCHEMISTRY**

Gamma Glutamyl Transferase (GGT) : 21 U/L 7-32

**URINE EXAMINATION**

Reg.NO. : 435  
 NAME : **Mr. S.K GAUTAM**  
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DATE : **24/09/2022**  
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<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
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**URINE EXAMINATION REPORT**

**PHYSICAL EXAMINATION**

**TRANSPARENCY**

Volume	25	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		

**BIOCHEMICAL EXAMINATION**

UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil

**MICROSCOPIC EXAMINATION**

Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		





## A Venture of Apple Cardiac Care

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



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	<b>BIOCHEMISTRY</b>		
BLOOD SUGAR P.P.	103	mg/dl	80-140

--{End of Report}--

*Shweta*

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

mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

II



Pat. ID... S.K. Gautham  
24/03/22

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

III



Pat. ID.....

aVR



10mm/mV 25mm/sec 25Hz

aVL



Pat. ID.....

BPL CARDIART 6188T

aVF



10mm/mV 25mm/sec 25Hz

V1



Pat. ID.....

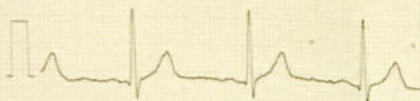
BPL CARD

V2



10mm/mV 25mm/sec  $\approx$  25Hz

V3



BPL CARDIART 6108T

BPL

10mm/mV 25mm/sec  $\approx$  25Hz

V5



BPL CARDIART 6108T

V6

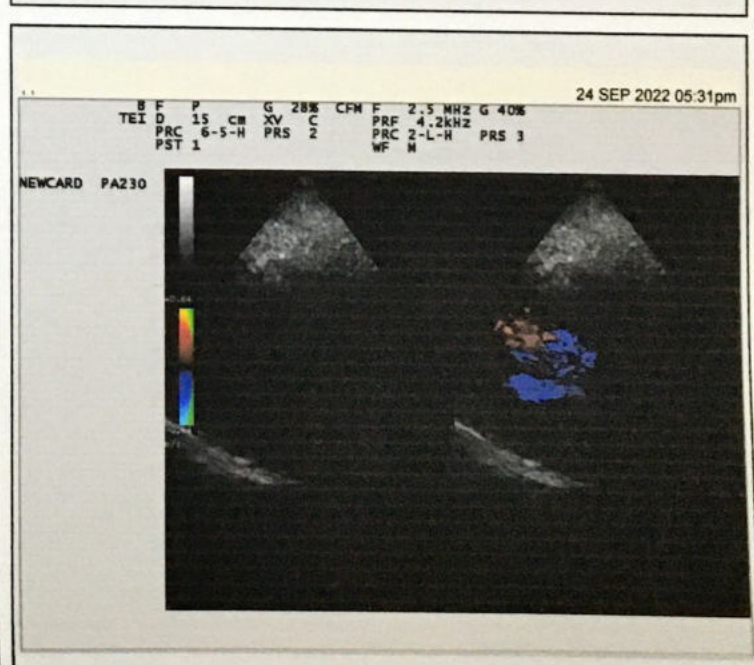
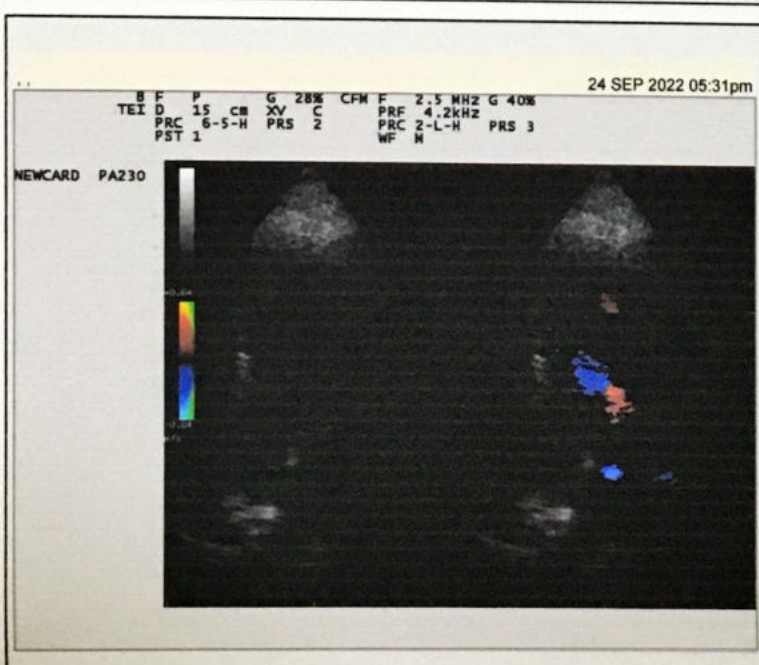
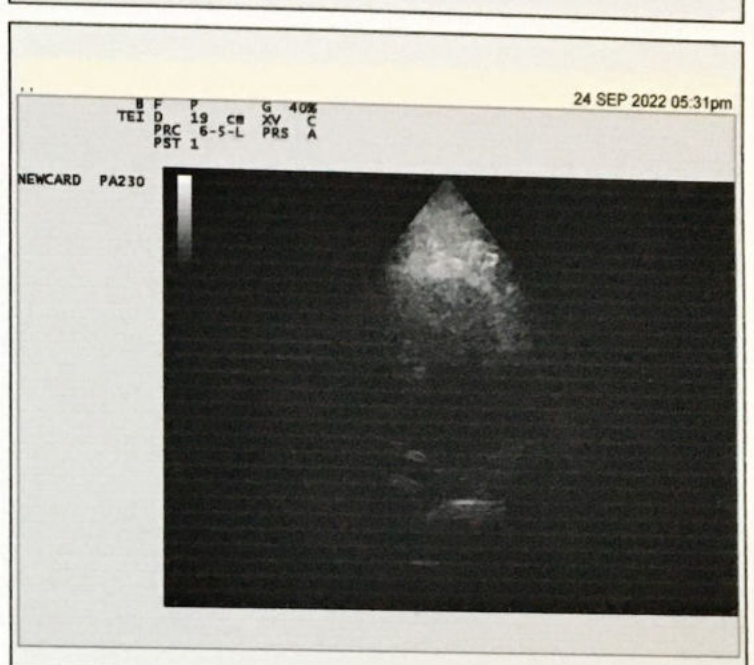
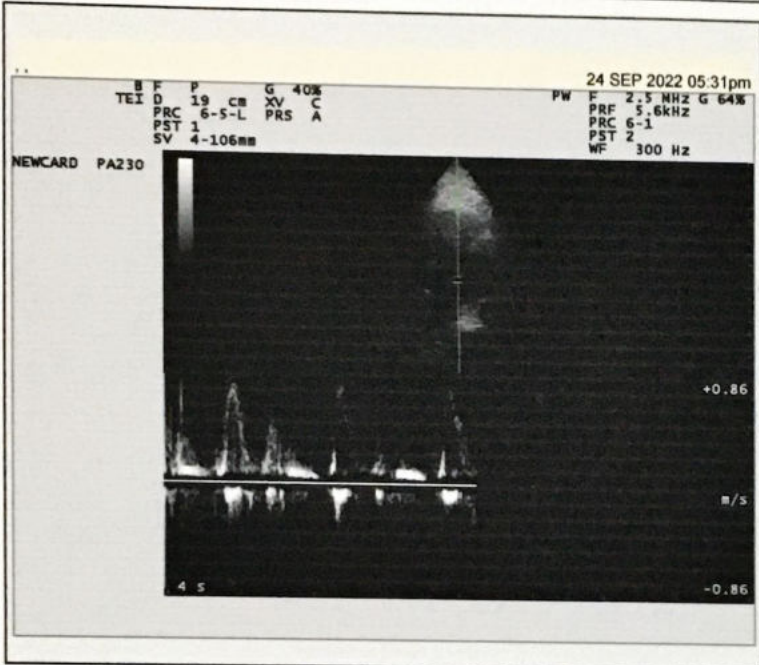
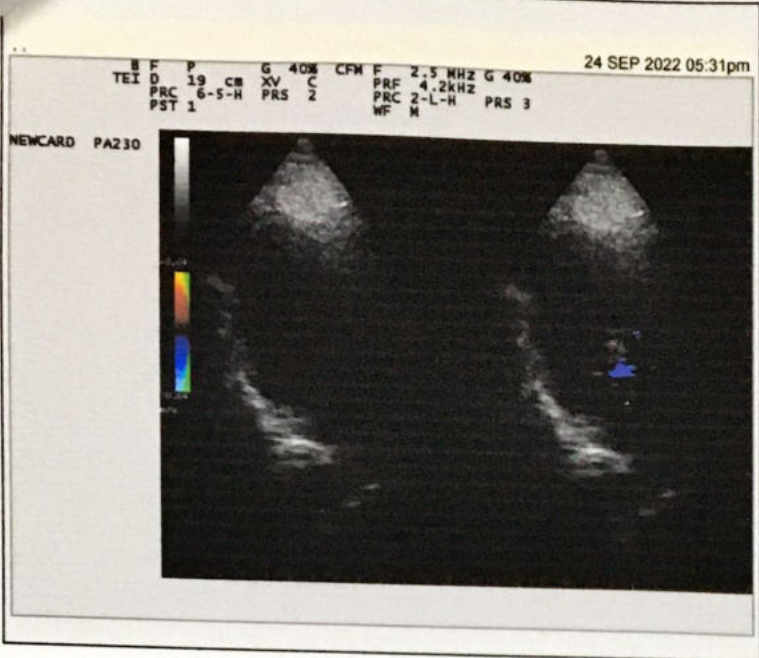


Pat. ID.....

Pat. ID.....

# APPLE CARDIAC CARE, BAREILLY

saote MyLab





<b>NAME</b>	Mr. S.K GAUTAM	<b>AGE/SEX</b>	45 Y/M
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	24/09/2022

## 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	3.3 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



**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

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

# 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

24/9/22  
S.K. Lohia  
Fatty Liver  
140/70  
21/2  
SB  
Inj Avastin 6 42 200  
T EMM  
e  
mm  
e

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



PatientID 0019

ExamID 3587

NAME S. F. Gaster 457m

Date 09/24/2022

Time 12:56

ExamTime 83:49

( VD = 13.75 mm )

----- MANIFEST -----

	SPH	CYL	AXS
<R>	-1.75	0.00	180
<L>	-1.25	-0.75	95
<FAR VA>			
	R	R+L	L

<ADD>

	R	L	
	+1.25	+1.25	
<NEAR VA>			
	R	R+L	L

----- RM DATA -----

	SPH	CYL	AXS
<R>	-1.75	-0.25	75
<L>	-1.25	-0.75	95
<FAR VA>			
	R	R+L	L

FAR PD = 67.0 mm

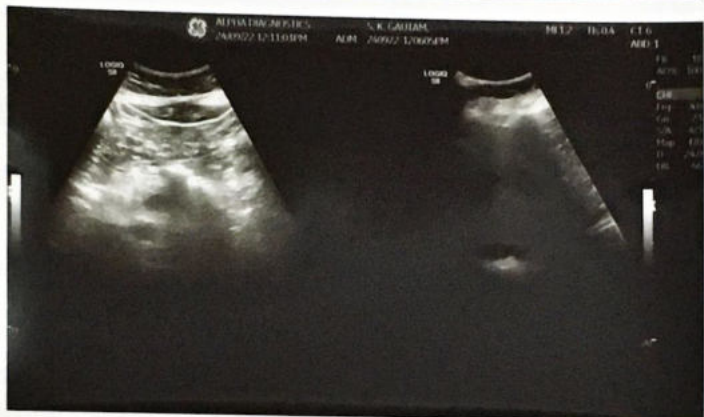
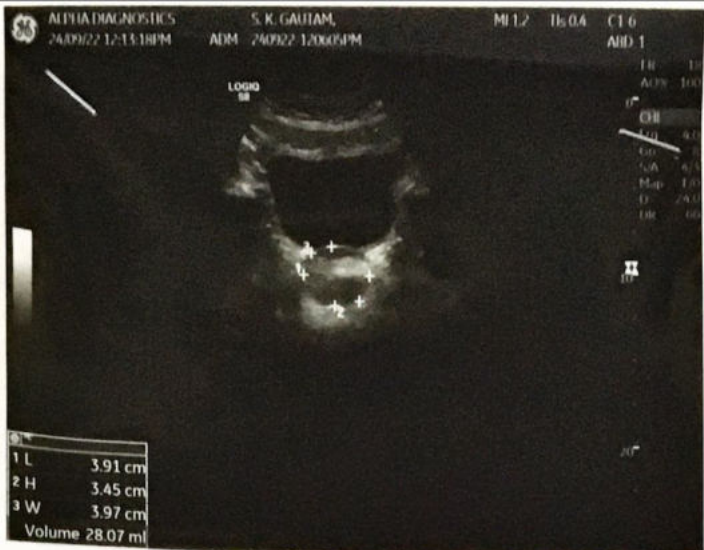
NEAR PD = 62.0 mm

TOPCON CV-5000

S.K. Gautam 45/M

$DV_A \left\{ \begin{array}{l} 6/36 \\ 6/36 \end{array} \right.$   $\overline{c} \text{lam}$   $\left\{ \begin{array}{l} 6/9 \\ 6/9 \end{array} \right.$   $\begin{array}{l} -1.75M \\ -1.25M \end{array}$   $\xrightarrow{\quad}$   $6/6$   
 $-0.75 \times 95 = 6/6$

$NV_A \left\{ \begin{array}{l} 9 \\ 9 \end{array} \right. \left. \begin{array}{l} +1.25 \\ +1.25 \end{array} \right\} \text{Add}$   $\begin{array}{l} 6 \\ 6 \end{array}$





**Patient ID** 102212611  
**Name** Mr. S.K GAUTAM  
**Sex/Age** Male 45 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 24/09/2022 10:59:54  
**Reported On** 24/09/2022 12:17:47

### USG WHOLE ABDOMEN

**Liver** - is normal in size **with diffuse fatty changes obscuring visualization of posterior region.** No IHBRD / focal SOL is seen. 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 mildly enlarged in size ( 28cc ).

No free fluid is seen in peritoneal cavity.

#### IMPRESSION:

- **GRADE II FATTY LIVER.**
- **GRADE I PROSTATOMEGALY.**

ADV – PLEASE CORRELATE CLINICALLY.

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



**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

Page No: 1 of 1





**Patient ID** 102212612  
**Name** Mr. S.K GAUTAM  
**Sex/Age** Male 45 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 24/09/2022 11:03:09  
**Reported On** 24/09/2022 11:39:52


### 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.

**ADV - PLEASE CORRELATE CLINICALLY.**

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



  
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

Page No: 1 of 1



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