

10mm/mV 25mm/sec 25Hz

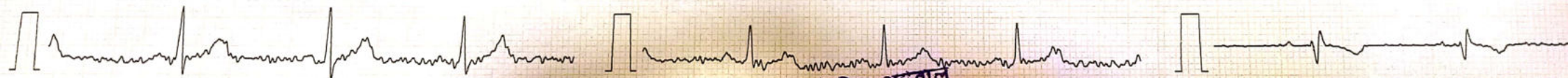
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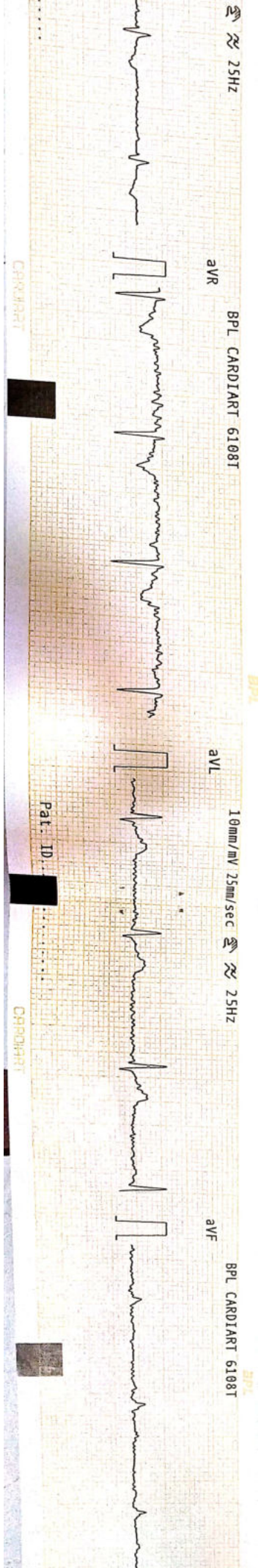


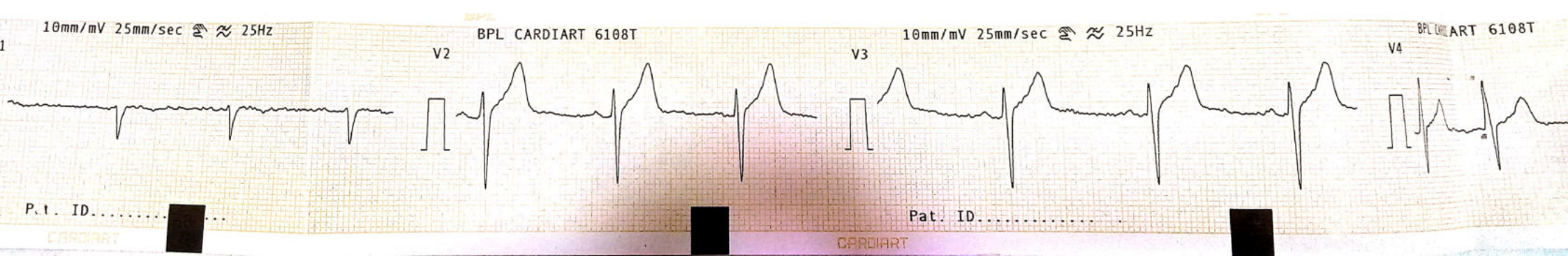
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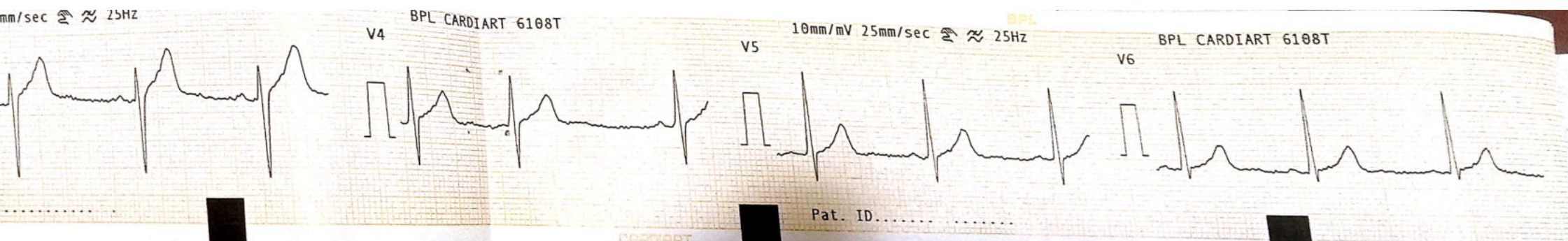
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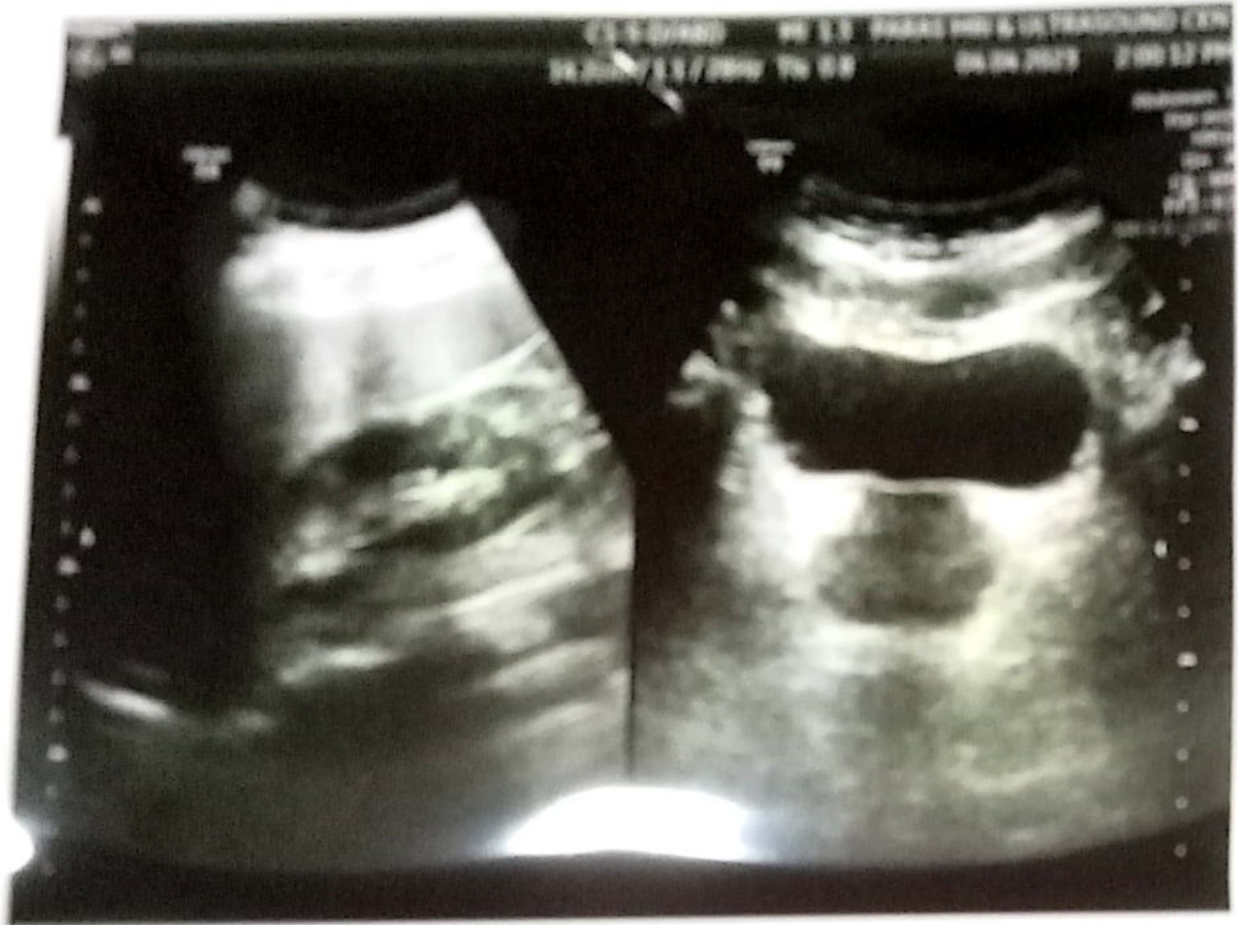
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CARDIART











॥ ॐ गणेशाय नमः ॥

# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**

MBBS (KGMC), 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. POKAR PAL YADAV  
DR. NITIN AGARWAL, DM

AGE---30Y/M

04-04-2023

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

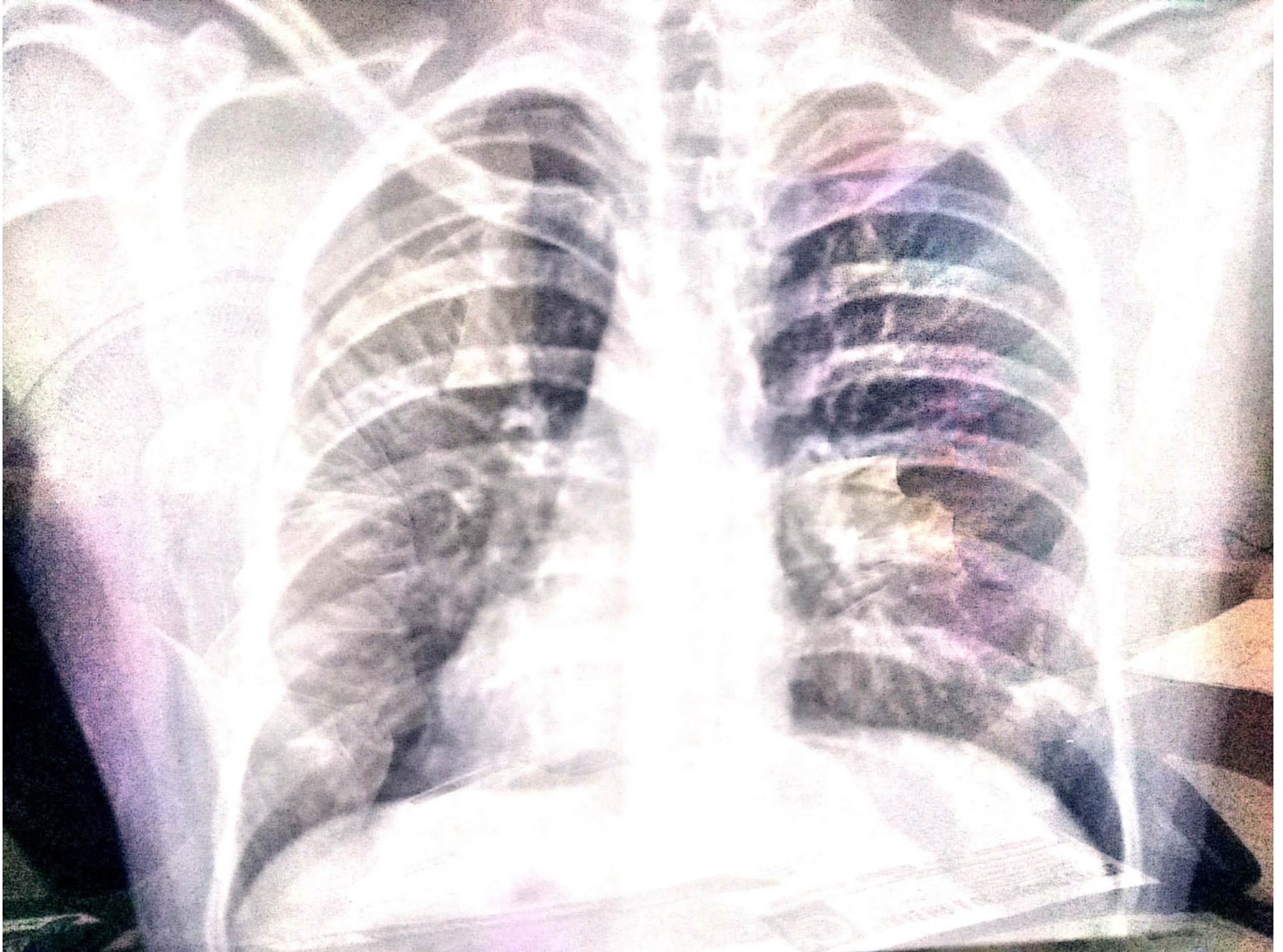
Not for medico-legal purpose

DR LOKESH GOYAL  
MD  
RADIOLOGIST

डिजिटल एक्स-रे, मल्टी स्लाइस  
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL PURPOSE





# 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 : 04.04. 2023  
Name : POKAR MAL YADAV 30Y/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 –normal.

**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 calculi are seen on both sides CMD is maintained. No evidence of hydronephrosis is seen on both sides.

**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/pleural effusion/ adenopathy is seen. Bowel loops are not dilated. Bilateral iliac fossa appears normal

### IMPRESSION:

- ❖ Hepatomegaly with grade II fatty changes.

Adv- clinical correlation.

**Dr. Puja Tripathi**

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

MBBS, MD (Radiodiagnosis, SGPGI)

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Reg.NO. : 175  
 NAME : **Mr. POKAR MAL YADAV**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **04/04/2023**  
 AGE : 30 Yrs.  
 SEX : MALE

| <u>TEST NAME</u>         | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|--------------------------|----------------|--------------|------------------------------|
| 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 UREA NITROGEN | 20  | mg/dL. | 5 - 25  |
| SERUM CREATININE    | 0.8 | mg/dL. | 0.5-1.4 |
| URIC ACID           | 5.0 | mg/dl  | 3.5-8.0 |

**CLINICAL SIGNIFICANCE:**

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

|                     |     |             |            |
|---------------------|-----|-------------|------------|
| SERUM SODIUM (Na)   | 142 | m Eq/litre. | 135 - 155  |
| SERUM POTASSIUM (K) | 4.0 | m Eq/litre. | 3.5 - 5.5  |
| SERUM CALCIUM       | 9.4 | mg/dl       | 8.5 - 10.5 |

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 NAME : **Mr. POKAR MAL YADAV**  
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 SAMPLE : BLOOD

DATE : **04/04/2023**  
 AGE : 30 Yrs.  
 SEX : MALE

| <u>TEST NAME</u>       | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|------------------------|----------------|--------------|------------------------------|
| <b>LIVER PROFILE</b>   |                |              |                              |
| <b>SERUM BILIRUBIN</b> |                |              |                              |
| TOTAL                  | 0.7            | mg/dL        | 0.3-1.2                      |
| DIRECT                 | 0.4            | mg/dL        | 0.2-0.6                      |
| INDIRECT               | 0.3            | mg/dL        | 0.1-0.4                      |
| <b>SERUM PROTEINS</b>  |                |              |                              |
| Total Proteins         | 7.1            | Gm/dL        | 6.4 - 8.3                    |
| Albumin                | 4.1            | Gm/dL        | 3.5 - 5.5                    |
| Globulin               | 3              | Gm/dL        | 2.3 - 3.5                    |
| A : G Ratio            | 1.37           |              | 0.0-2.0                      |
| SGOT                   | <b>165</b>     | IU/L         | 0-40                         |
| SGPT                   | <b>158</b>     | IU/L         | 0-40                         |
| SERUM ALK.PHOSPHATASE  | 81             | 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.

**Report is not valid for medicolegal purpose**

|                                      |                   |
|--------------------------------------|-------------------|
| Reg.NO. : 175                        | DATE : 04/04/2023 |
| NAME : Mr. POKAR MAL YADAV           | AGE : 30 Yrs.     |
| REFERRED BY : Dr.Nitin Agarwal (D M) | SEX : MALE        |
| SAMPLE : BLOOD                       |                   |

| <u>TEST NAME</u>           | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|----------------------------|----------------|--------------|------------------------------|
| <b>LIPID PROFILE</b>       |                |              |                              |
| SERUM CHOLESTEROL          | <b>256</b>     | mg/dL.       | 130 - 200                    |
| SERUM TRIGLYCERIDE         | <b>162</b>     | mg/dl.       | 30 - 160                     |
| HDL CHOLESTEROL            | 52             | mg/dL.       | 30-70                        |
| VLDL CHOLESTEROL           | 32.4           | mg/dL.       | 15 - 40                      |
| LDL CHOLESTEROL            | <b>171.60</b>  | mg/dL.       | 00-130                       |
| CHOL/HDL CHOLESTEROL RATIO | 4.92           | mg/dl        |                              |
| LDL/HDL CHOLESTEROL RATIO  | 3.3            | 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.

BLOOD SUGAR F: 100 mg/dl 60-100

**URINE EXAMINATION**

**Report is not valid for medicolegal purpose**

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 NAME : Mr. POKAR MAL YADAV  
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 SAMPLE : BLOOD

DATE : 04/04/2023  
 AGE : 30 Yrs.  
 SEX : MALE

| <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            |              |                              |
| TRANSPARENCY                    |                |              |                              |
| Volume                          | 25             | ml           |                              |
| Colour                          | Light Yellow   |              |                              |
| Appearance                      | Clear          |              | Nil                          |
| Sediments                       | Nil            |              |                              |
| Specific Gravity                | 1.020          |              | 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                          |
| BILE SALTS                      | NIL            |              | NEGATIVE                     |
| BILE PIGMENT                    | NIL            |              | NEGATIVE                     |
| Phosphates                      | Absent         |              | Nil                          |
| <b>MICROSCOPIC EXAMINATION</b>  |                |              |                              |
| Red Blood Cells                 | Nil            | /H.P.F.      |                              |
| Pus Cells                       | 1-2            | /H.P.F.      |                              |
| Epithelial Cells                | 2-3            | /H.P.F.      |                              |
| Crystals                        | NIL            |              | NIL                          |
| Casts                           | Nil            | /H.P.F.      |                              |
| DEPOSITS                        | NIL            |              |                              |
| Bacteria                        | NIL            |              |                              |
| Other                           | NIL            |              |                              |

**Report is not valid for medicolegal purpose**



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NAME : **Mr. POKAR MAL YADAV**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **04/04/2023**  
AGE : 30 Yrs.  
SEX : MALE

| <u>TEST NAME</u> | <u>RESULTS</u>      | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|------------------|---------------------|--------------|------------------------------|
|                  | <b>BIOCHEMISTRY</b> |              |                              |
| BLOOD SUGAR P.P. | 132                 | mg/dl        | 80-160                       |

--{End of Report}--

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

**Report is not valid for medicolegal purpose**

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

Pokas mtl

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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



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|                 |                        |                |            |
|-----------------|------------------------|----------------|------------|
| <b>NAME</b>     | Mr. POKERMAL YADAV     | <b>AGE/SEX</b> | 30 Y/M     |
| <b>Reff. By</b> | Dr. NITIN AGARWAL (DM) | <b>DATE</b>    | 04/04/2023 |

**ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY**

**MEASUREMENTS**      **VALUE**      **NORMAL DIMENSIONS**

|             |     |    |                |
|-------------|-----|----|----------------|
| LVID (d)    | 4.6 | cm | (3.7 - 5.6 cm) |
| LVID (s)    | 2.5 | cm | (2.2 - 3.9 cm) |
| RV/ID (d)   | 2.4 | cm | (0.7 - 2.5 cm) |
| IVS (ed)    | 1.0 | cm | (0.6 - 1.1 cm) |
| LV/IVW (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) |

**LV FUNCTION**

|    |    |   |             |
|----|----|---|-------------|
| 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

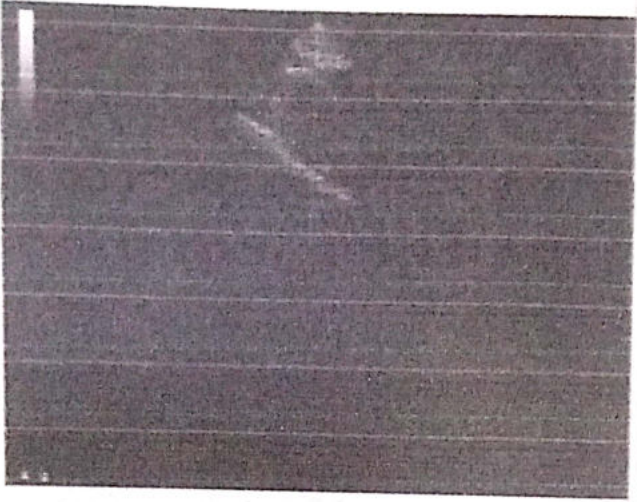


DR.NITIN AGARWAL  
DM (Cardiology)  
Consultant Cardiologist

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डी०एम०  
हृदय रोग विशेषज्ञ

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

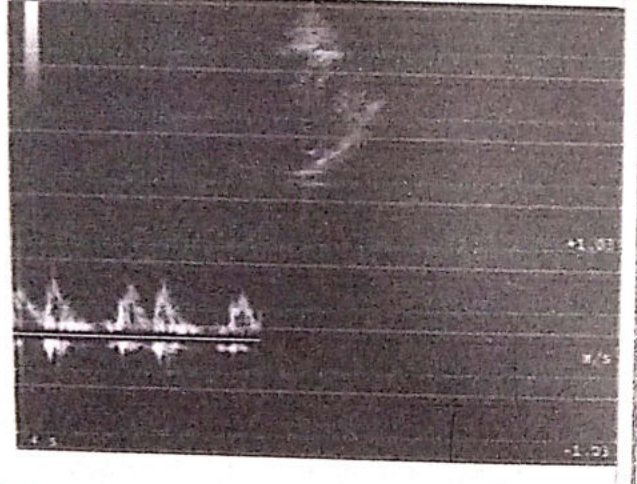
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TEI D 15 CH XY C  
PRC 6-S-H PRS A  
PST 1  
M S 48K  
PRC 7-3  
PST 2



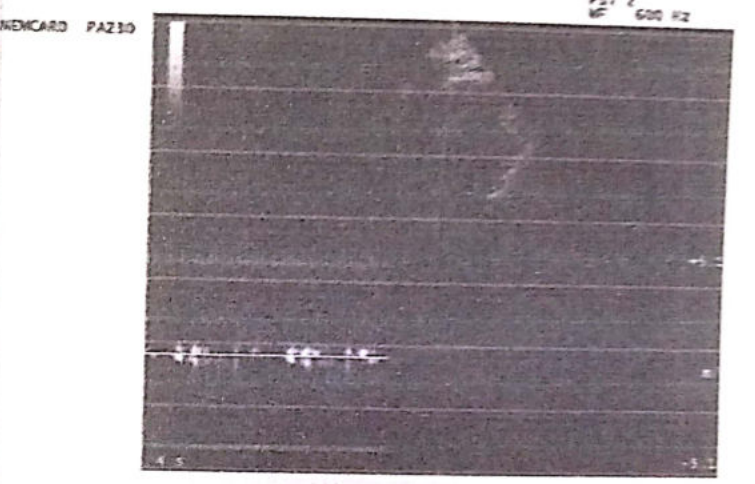
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TEI D 15 CH XY C PRS 4.2KHZ  
PRC 6-S-H PRS 2 PRC 2-L-H PRS 3  
PST 1 MF H



04 APR 2023 03:56pm  
B F P G 48K  
TEI D 15 CH XY C  
PRC 6-S-L PRS A  
PST 1  
SV 4-80ms  
PM F 2.5 MHz G 64K  
PRF 6.7KHZ  
PRC 6-1  
PST 2  
MF 200 KHZ



04 APR 2023 03:56  
B F P G 48K  
TEI D 15 CH XY C  
PRC 6-S-L PRS A  
PST 1  
CK F 2.5 MHz G 7K  
PRF 2  
PRC 6-1  
PST 2  
MF 600 KHZ



04 APR 2023 03:56pm  
B F P G 48K  
TEI D 15 CH XY C  
PRC 6-S-L PRS A  
PST 1



04 APR 2023 03:56pm  
B F P G 48K  
TEI D 15 CH XY C  
PRC 6-S-L PRS A  
PST 1

