
**भारतीय सूचना सुरक्षा विभाग**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**


**विवरण :**  
 CO BY धर्म शंकर साठवा 157 ए. डी. बंगला  
 अ.प. 5063 2924  
 पिन कोड - 288001


**Address :**  
 CO BY Dharm Shankar Saathwa, 157 A,  
 New Sakinaka Bldg, Baroli, Mumbai,  
 Maharashtra - 400001

**5063 2924 6590**

1800-121-2345  
 1800-121-2345

1800-121-2345


**भारत सरकार**  
**GOVERNMENT OF INDIA**



**नाम :**  
 Laxish Savera

**जन्म तिथि (DOB):** 30-04-1992

**लिंग (SEX):** MALE

**Mobile No:** 9568833260

**5063 2924 6590**

VID - 9177 5324 0860 0318

**सर्वोच्च आधिकारिक मनी पहचान**

*Laxish*

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

Lowest

5 x 5 mm

47

22/2/22

130/80

921

89%

2

Asymptomatic

0

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 07500031077



Scanned with OKEN Scanner

Pt. Lavish Saxena

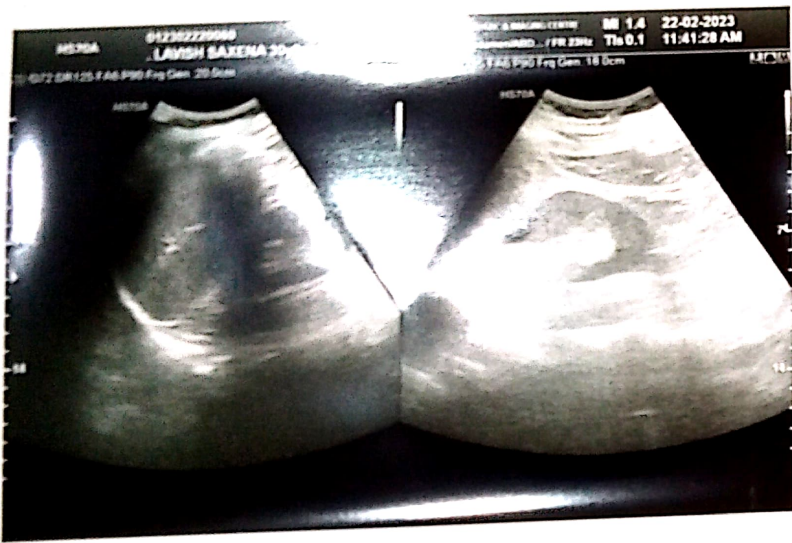
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BP - 130/90

SpO<sub>2</sub> - 98

Pulse - 101







NAME:	: LAVISH SAXENA	Patient ID.:	: 341937
Age/Gender:	: 30 Y/Male	Registered	: 22/Feb/2023 10:54AM
Lab NO:	: 012302220060	Reported	: 22/Feb/2023 11:54AM
BarcodeNo.:	: 10393524	Report STATUS:	: Final
Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

**ULTRASOUND WHOLE ABDOMEN**

**TECHNIQUE:** - Real time trans-abdominal sonographic images were obtained in multiple projections.

**FINDINGS:-**  
**LIVER** is mildly enlarged in size (~14.8cm) with grade I fatty changes. No surface nodularity/focal lesion are seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in diameter.

**GALL BLADDER** is well distended and normal in wall thickness. No gallbladder sludge seen. No evidence of any mass or calculus is seen. No pericholecystic fluid is seen. Sonographic Murphy sign is absent. Common bile duct is normal in calibre.

**PANCREAS:** The pancreatic head and proximal body are imaged and are normal in size and echotexture. No focal lesion is seen. The distal pancreatic body and tail are obscured by overlying bowel gas.

**SPLEEN** is normal in size & echotexture. No focal lesion is seen.

**BOTH KIDNEYS** are normal in anatomical location, size and outline. Parenchymal-cortical thickness and echogenicity are normal. The corticomedullary differentiation is maintained. No obvious calculus or hydronephrosis is seen on right side. **Few 2-3mm left renal concretions are seen at mid & lower pole.** Perirenal spaces appear normal.

**URINARY BLADDER** appears well distended, contents are echofree. Walls are smooth and normal in wall thickness. No calculus or mass lesion seen within the bladder or at UV junctions.

**PROSTATE** is grossly normal in size, outline and echotexture. No obvious focal lesion is seen.

No ascites is seen.  
Bowel loops grossly appear normal.

**IMPRESSION:**

- Mild hepatomegaly with grade I fatty changes.
- Few 2-3mm left renal concretions at mid & lower pole.

**ADVISED:** - CLINICAL CORRELATION.  
Thanks for referrals

\*\*\* End Of Report \*\*\*

Tests Requested:USG Whole Abdomen,SINGLE VIEW



**Dr. Mohit Agarwal**  
MBBS, MD (Radiodiagnosis).  
Ex-Safdarjung Hospital & VMMC, New Delhi.  
Consultant Radiologist

*Manali*

**Dr. Manali Agarwal**  
MBBS, MD (Radiodiagnosis)  
IMS, BHU

This report is not valid for medicolegal purpose. For Authentication kindly scan QR code.  
Note: Impression is a professional opinion & not a diagnosis. All modern machines provide quantitative data. If there is a variance clinically this examination may be repeated or reevaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.

Focus Helpline  
731-098-7005

[www.focushealthcareindia.com](http://www.focushealthcareindia.com)  
[focushealthcarebly@gmail.com](mailto:focushealthcarebly@gmail.com)

Bareilly Main Centre:- 116 D, Gulmohar Park, Rajendra Nagar, Bareilly  
Corporate Office:- F-1902, Sunshine, Sector 78, Noida (U.P.)





NAME:	: LAVISH SAXENA	Patient ID.:	: 341937
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Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

**DIGITAL X-RAY CHEST (PA VIEW)**

**TECHNIQUE:** - PA VIEW

**FINDINGS:-**

**Raised right dome of diaphragm seen.**

Both the lung fields appear clear. No focal lesion seen.

Left dome of diaphragm and both CP angles appear normal.

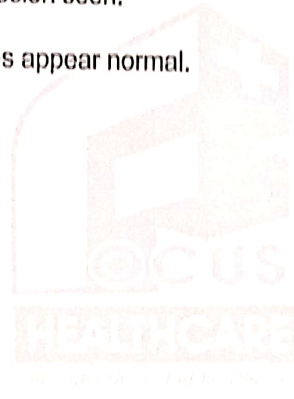
Trachea appears central.

Both hila appear normal.

CT ratio is within normal limits.

PLEASE CORRELATE CLINICALLY.

Thanks for referrals



\*\*\* End Of Report \*\*\*

Tests Requested:USG Whole Abdomen,SINGLE VIEW



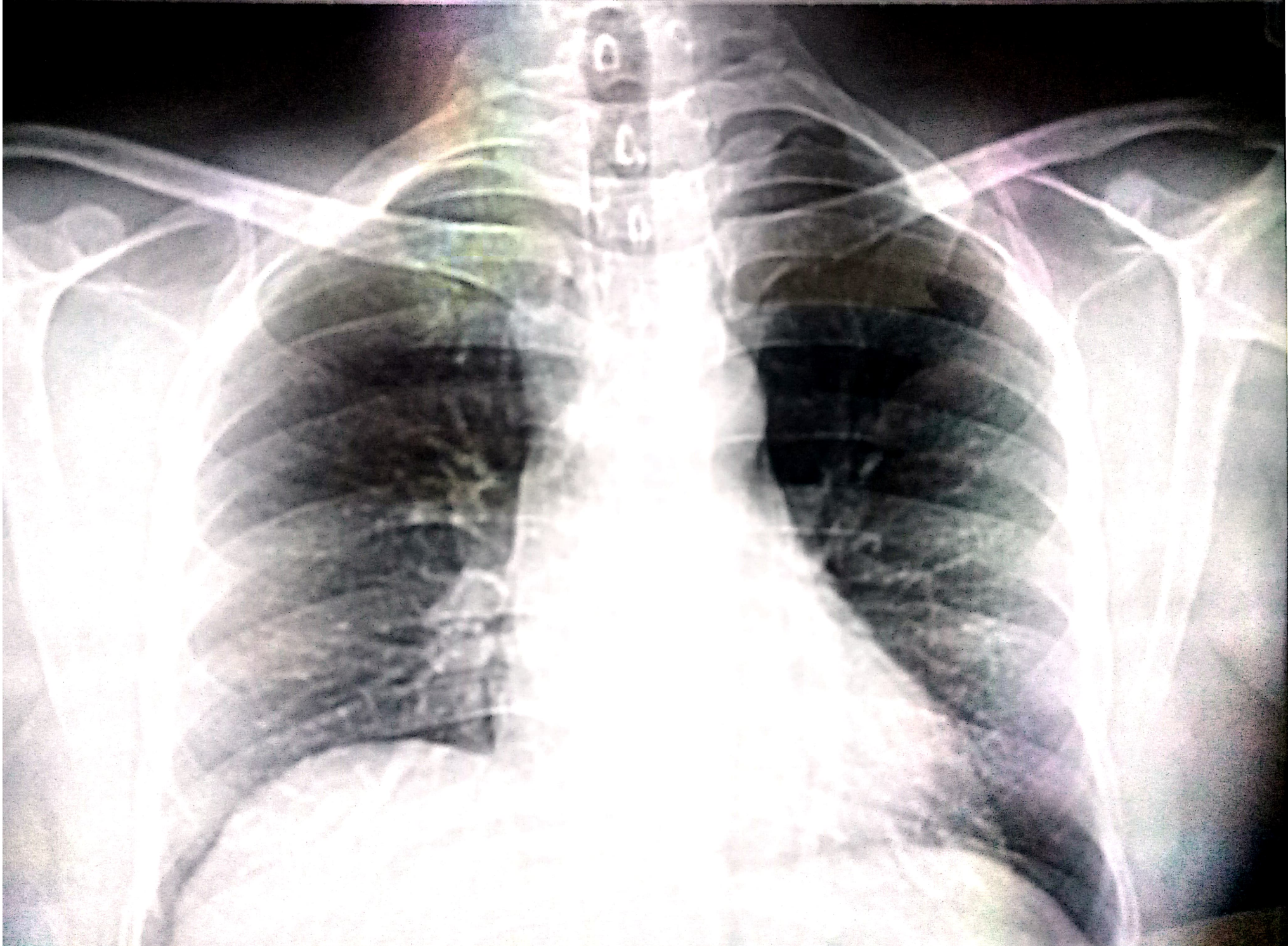
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10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

II

10mm/mV 25mm/sec 25Hz

III

BPL CARDIART 6108T

aVR

10mm/mV 25mm/sec

aVL

Dr. NITIN AGARWAL  
MD DM  
Reg. No. 48765

Pat. ID... 49138 89089

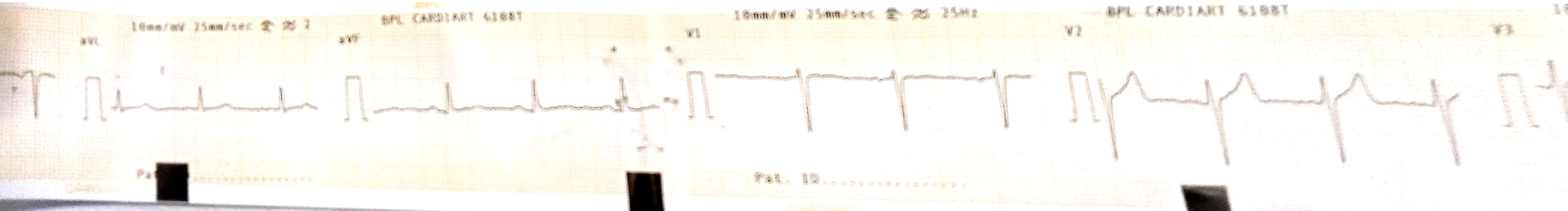
22/02/23

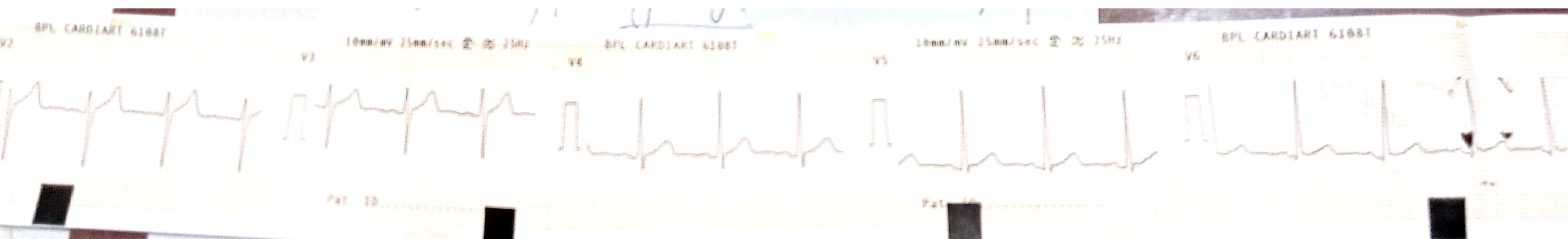
Pat. ID.....

Pa









Avish Saxena 30/M

22/02/23

PatientID 0007

ExamID 3777

NAME

Date 02/22/2023

Time 12:23

ExamTime 66:53

( VD = 13.75 mm )

----- MANIFEST -----

SPH CYL AXS

<R> 0.00 -0.25 29

<L> 0.00 -0.25 153

<FAR VA>

R R+L L

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

SPH CYL AXS

<R> -0.50 -0.25 29

<L> 0.00 -0.25 153

<FAR VA>

R R+L L

FAR PD = 65.0 mm

TOPCON CV-5000



22 FEB 2023 04:27pm

B F P G 45K  
TEX D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

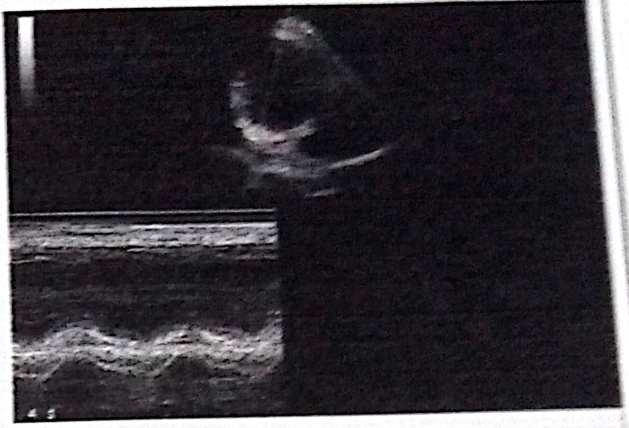


NEWCARD PA230

22 FEB 2023 04:27pm

B F P G 45K  
TEX D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

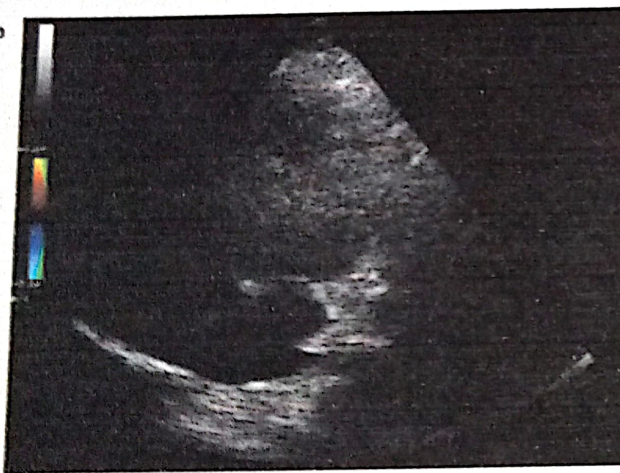
PRC 1-1  
PST 2



NEWCARD PA230

22 FEB 2023 04:27pm

B F P G 45K CFM F 2.5 MHz G 40K  
TEX D 15 CM XV C PRF 4.2kHz  
PRC 6-5-L PRS 2 PRF 2-L-H PRS 3  
PST 1 WF H

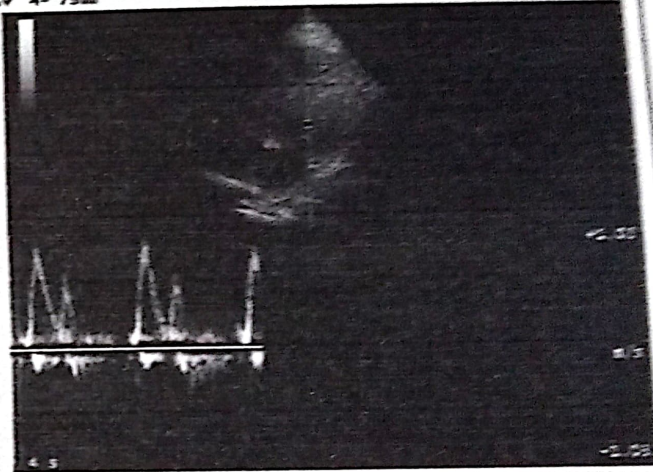


NEWCARD PA230

22 FEB 2023 04:27pm

B F P G 45K  
TEX D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1  
SV 4-73mm

PRF 2.5 MHz G 50K  
PRC 6-1  
PST 2  
WF 300 RZ

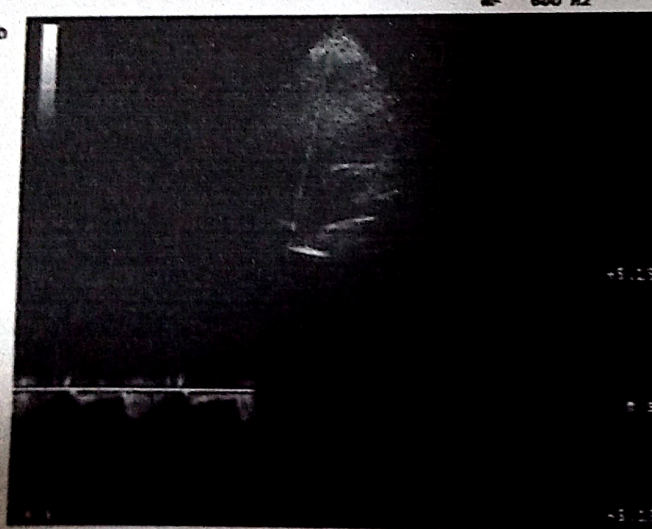


NEWCARD PA230

22 FEB 2023 04:27pm

B F P G 45K  
TEX D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

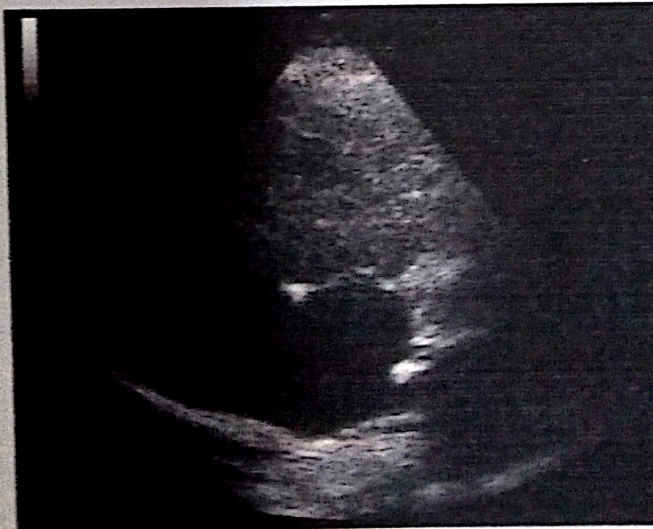
CFM F 2.5 MHz G 75K  
PRF -  
PRC 6-1  
PST 2  
WF 600 RZ



NEWCARD PA230

22 FEB 2023 04:27pm

B F P G 45K  
TEX D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1



NEWCARD PA230

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



<b>NAME</b>	Mr. LAVISH SAXENA	<b>AGE/SEX</b>	32 Y/M
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	22/02/2023

### 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= 0.6 m/sec

**ON COLOUR FLOW:**

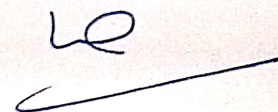
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

**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**

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

**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. : 71  
NAME : **Mr. LAVISH SAXENA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **22/02/2023**  
AGE : 32 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	13.9	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	10,600	/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	5.09	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	43.3	%	35-54
M C V	85.1	fL	76-96
M C H	27.3	pg	27.00-32.00
M C H C	32.1	g/dl	30.50-34.50
PLATELET COUNT	2.94	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
<b>BIOCHEMISTRY</b>			
Gamma Glutamyl Transferase (GGT)	24	U/L	7-32

**HAEMATOLOGY**

**Report is not valid for medicolegal purpose**





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DATE : **22/02/2023**  
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN	5.6		

**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.**

**BLOOD GROUP**

Blood Group : 0  
 Rh : POSITIVE

**BIOCHEMISTRY**

BLOOD SUGAR F.	96	mg/dl	60-100
SERUM CREATININE	0.9	mg/dL.	0.5-1.4
BLOOD UREA NITROGEN	17	mg/dt.	5 - 25
SERUM SODIUM (Na)	139	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.3	m Eq/litre.	3.5 - 5.5
URIC ACID	7.8	mg/dl	3.5-8.0

**CLINICAL SIGNIFICANCE:**

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

**Report is not valid for medicolegal purpose**



## Entrepreneur of Apple Cardiac Care

3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
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Tel. : 07599031977, 09458888448



**APPLE**  
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TRUSTED RESULT

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REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **22/02/2023**  
AGE : 32 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	0.8	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	6.8	Gm/dL	6.4 - 8.3
Albumin	4.3	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.72		0.0-2.0
SGOT	<b>102</b>	IU/L	0-40
SGPT	<b>97</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	<b>234</b>	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**



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DATE : **22/02/2023**  
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SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	190		
SERUM TRIGLYCERIDE	<b>201</b>	mg/dL.	130 - 200
HDL CHOLESTEROL	46	mg/dl.	30 - 160
VLDL CHOLESTEROL	<b>40.2</b>	mg/dL.	30-70
LDL CHOLESTEROL	103.80	mg/dL.	15 - 40
CHOL/HDL CHOLESTEROL RATIO	4.13	mg/dL.	00-130
LDL/HDL CHOLESTEROL RATIO	2.26	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

**Report is not valid for medicolegal purpose**



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DATE : **22/02/2023**  
 AGE : 32 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>			
<b>TRANSPARENCY</b>			
Volume	25	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil
<b>MICROSCOPIC EXAMINATION</b>			
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.	
<b>DEPOSITS</b>			
Bacteria	NIL		
Other	NIL		

Report is not valid for medicolegal purpose

Venture of Apple Cardiac Care  
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Tel. : 07599031977, 09458888448



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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	<b>BIOCHEMISTRY</b>		
BLOOD SUGAR P.P.	124	mg/dl	80-140

--{End of Report}--

*Shweta*

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



Apple Cardiac Care  
Nagar, Stadium Road,  
Care Hospital,  
- 243 122 (U.P.) India  
07509031977, 09452288448



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

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REQ. NO. : 71  
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SAMPLE : BLOOD

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SEX : MALE

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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--(End of Report)--

*Shweta*

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