

<b>NAME</b>	Mr. JITENDRA	<b>AGE/SEX</b>	34 Y/M
<b>Ref. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	15/07/2023

### 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)
<b><u>LV FUNCTION</u></b>		
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

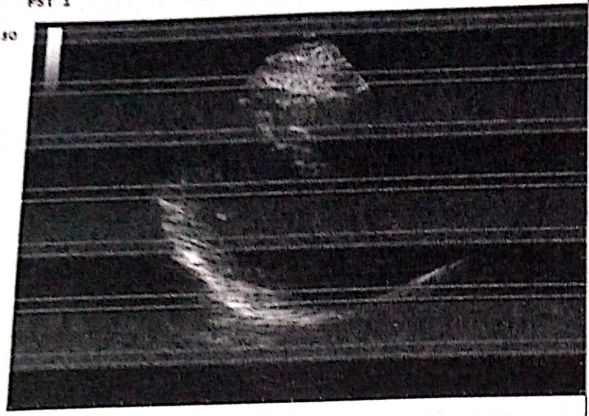
  
DR. NITIN AGARWAL  
DM (Cardiology)  
Consultant Cardiologist

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



15 JUL 2023 02:50pm

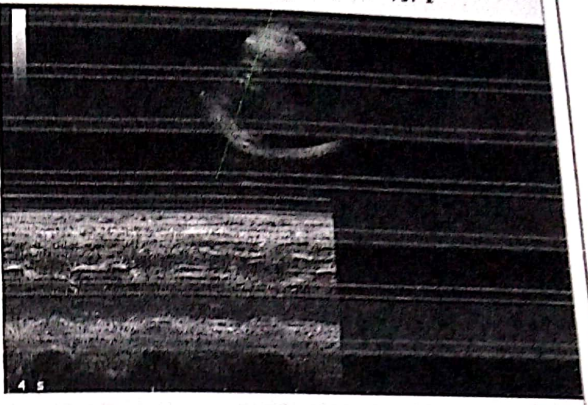
B F P G 48K  
TEI D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1



B F P G 48K  
TEI D 15 CM XV C  
PRC 6-5-H PRS A  
PST 1

15 JUL 2023 02:50pm  
M G 48K  
PRC 7-3  
PST 2

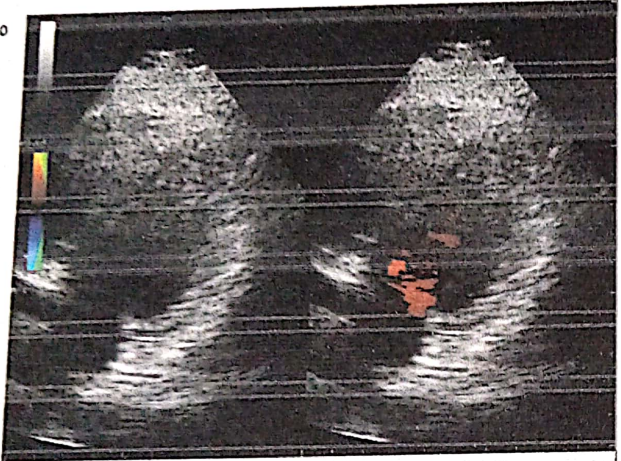
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15 JUL 2023 02:50pm

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TEI D 15 CM XV C PRF 4.2kHz  
PRC 6-5-N PRS 2 PRF 2-L-N PRS 3  
PST 1 WF N

RD PAZ30

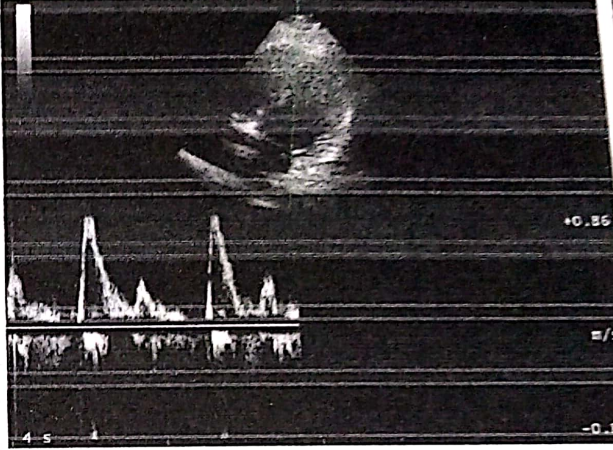


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B F P G 49K  
TEI D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1 SV 4-88mm

PW F 2.5 MHz G 64K  
PRF 5.6kHz  
PRC 6-1  
PST 2  
WF 300 Hz

NEWCARD PAZ30

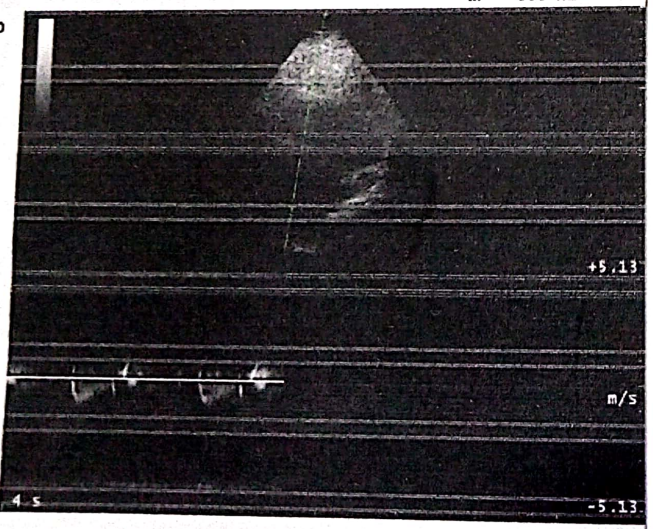


15 JUL 2023 02:50pm

B F P G 49K  
TEI D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

CW F 2.5 MHz G 76K  
PRF -  
PRC 6-1  
PST 2  
WF 600 Hz

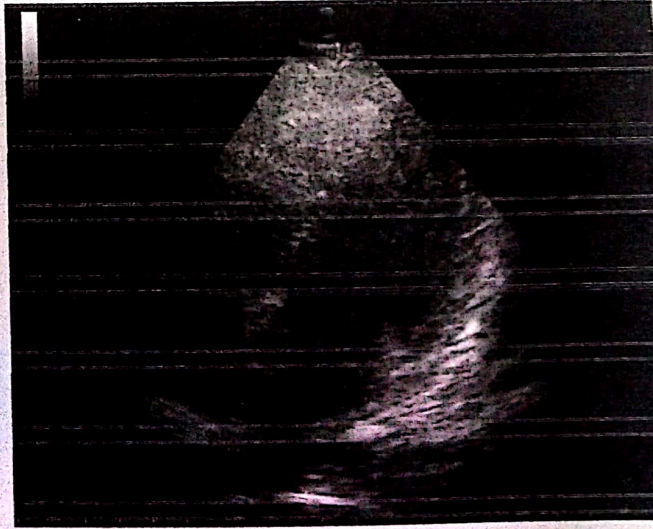
PA230



15 JUL 2023 02:50pm

B F P G 52K  
TEI D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

NEWCARD PAZ30







**Patient ID** 10233978  
**Name** Mr. JITENDRA PAL  
**Sex/Age** Male 33 Yrs  
**Ref. By** Dr. NITIN AGARWAL  
**Specimen**



**Reg. Date** 15/07/2023 10:39:09  
**Collected On**  
**Received On**  
**Reported On** 15/07/2023 10:56:50  
**Permanent ID**

## 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.

### IMPRESSION:

**NO SIGNIFICANT ABNORMALITY DETECTED.**

ADV - PLEASE CORRELATE CLINICALLY.

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



**DR SUBHAJIT DUTTA**

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

Page No. 1 of 1



- CT Scan (96 Slice)
- 4D Ultrasound
- Color Doppler
- 2D Echo
- Spirometry
- Digital X-Ray
- Serology
- Biochemistry
- Cytology
- Histopathology
- Microbiology
- Video Bronchoscopy
- Semen Wash For IUI
- Complete Hematology
- PCR For Covid-19 (Truenat)







# ALPHA DIAGNOSTICS

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 +91-7642912345, 7642812345, 0581-4015223  
 contact@alphadiagnostic.in  
 alphadiagnostic07@gmail.com  
 www.alphadiagnostic.in

Patient ID 10233977

Name Mr. JITENDRA PAL

Sex/Age Male 33 Yrs

Ref. By Dr. NITTIN AGARWAL

Specimen



Reg. Date 15/07/2023 10:38:09

Collected On

Received On

Reported On 15/07/2023 11:33:26

Permanent ID

## USG WHOLE ABDOMEN

**Liver** - is normal in size (11.4 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. 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** - Size is normal (16 gm), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.

**Small defect of 1.1 cm seen in umbilicus, through which herniation of bowel loops seen during sitting**

### IMPRESSION:

- ∞ Grade I fatty changes of liver.
- ∞ Umbilical hernia.

ADV - PLEASE CORRELATE CLINICALLY.



*Subhjit*

**DR SUBHAJIT DUTTA**

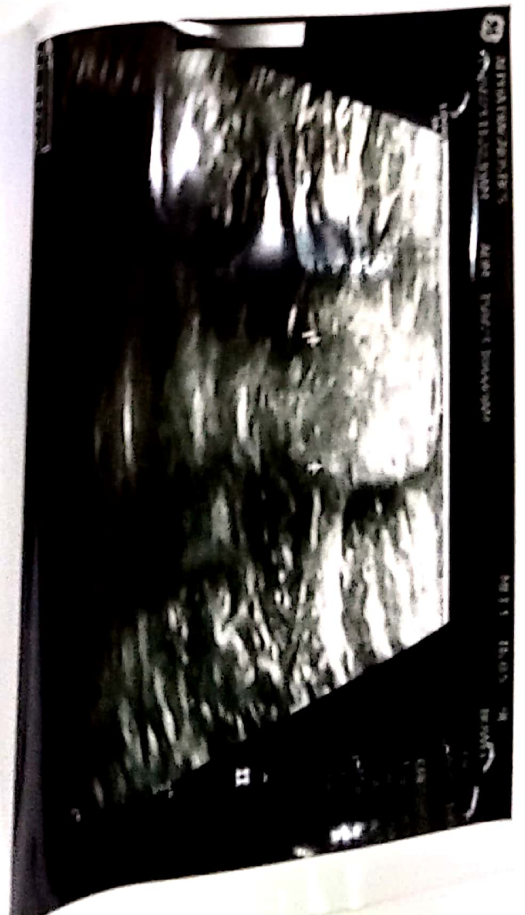
MD RADIODIAGNOSIS  
(SMS JAIPUR MEDICAL COLLEGE), DNB  
Fellowship In Intervention Radiology



Page No. 1 of 1

- CT Scan (96 slice)
- 2D Echo
- Serology
- Histopathology
- Semen Wash For IUI
- 4D Ultrasound
- Sotromethy
- Biochemistry
- Microbiology
- Complete Hematology
- Color Doppler
- Digital X-Ray
- Cytology
- Video Bronchoscopy
- PCR For Covid-19 (Truenat)







**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. : 868  
NAME : **Mr. JITENDRA PAL**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **15/07/2023**  
AGE : 32 Yrs.  
SEX : MALE

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
<b>HAEMATOLOGY</b>			
HAEMOGLOBIN	15.7	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	9,000	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	38	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.02	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	49.6	%	35-54
M C V	95.4	fL	76-96
M C H	30.2	pg	27.00-32.00
M C H C	31.7	g/dl	30.50-34.50
PLATELET COUNT	2.31	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
<b>BLOOD GROUP</b>			
Blood Group	O		
Rh	POSITIVE		



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<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
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.**

**BIOCHEMISTRY**

Gamma Glutamyl Transferase (GGT)	25	U/L	7-32
BLOOD SUGAR F.	78	mg/dl	60-100
BLOOD UREA NITROGEN	21	mg/dL	5 - 25
SERUM CREATININE	1.1	mg/dL	0.5-1.4
URIC ACID	6.3	mg/dl	3.5-8.0

**CLINICAL SIGNIFICANCE:**

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





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<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	6.6	Gm/dL	6.4 - 8.3
Albumin	4.3	Gm/dL	3.5 - 5.5
Globulin	2.3	Gm/dL	2.3 - 3.5
A : G Ratio	1.87		0.0-2.0
SGOT	26	IU/L	0-40
SGPT	<b>41</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	82	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	175	mg/dL	130 - 200
SERUM TRIGLYCERIDE	<b>161</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL	30-70
VLDL CHOLESTEROL	32.2	mg/dL	15 - 40
LDL CHOLESTEROL	93.80	mg/dL	00-130
CHOL/HDL CHOLESTEROL RATIO	3.57	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.91	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 P.P. 105 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	1.020		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
Phosphates	Absent		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		

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**TEST NAME**

**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANGE**

--{End of Report}--

*Shweta Agarwal*

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

