

A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road, Reg.NO.
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



Reg.NO. : 54
NAME : Mr. KAMLESH CHAND
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : 29/07/2023
AGE : 34 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.4	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	71	%	40-75
Lymphocytes	29	%	20-45
Eosinophils	00	%	01-08
TOTAL R.B.C. COUNT	4.02	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.7	%	35-54
M C V	92.5	fl	76-96
M C H	30.6	pg	27.00-32.00
M C H C	32.5	g/dl	30.50-34.50
PLATELET COUNT	1.50	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	11	mm	00 - 15
BLOOD GROUP			
Blood Group	A		
Rh	NEGATIVE		
BIOCHEMISTRY			
Gamma Glutamyl Transferase (GGT)	22	U/L	7-32
BLOOD SUGAR F.	78	mg/dl	60-100
BLOOD UREA NITROGEN	20	mg/dL	5 - 25

Report is not valid for medicolegal purpose

Reg.NO. : 54
 NAME : Mr. KAMLESH CHAND
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD
 DATE : 29/07/2023
 AGE : 34 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM CREATININE	0.9	mg/dL.	0.5-1.4
URIC ACID	7.0	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

LIVER PROFILE

SERUM BILIRUBIN

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

SERUM PROTEINS

Total Proteins	6.8	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.6	Gm/dL	2.3 - 3.5
A : G Ratio	1.62		0.0-2.0
SGOT	30	IU/L	0-40
SGPT	26	IU/L	0-40
SERUM ALK.PHOSPHATASE	86	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. : 54
NAME : **Mr. KAMLESH CHAND**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **29/07/2023**
AGE : 34 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	166	mg/dL	130 - 200
SERUM TRIGLYCERIDE	102	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL	30-70
VLDL CHOLESTEROL	20.4	mg/dL	15 - 40
LDL CHOLESTEROL	96.60	mg/dL	00-130
CHOL/HDL CHOLESTEROL RATIO	3.39	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	1.97	mg/dl	0-3

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

Report is not valid for medicolegal purpose



Reg.NO. : 54
 NAME : Mr. KAMLESH CHAND
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : 29/07/2023
 AGE : 34 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
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		

HAEMATOLOGY

Report is not valid for medicolegal purpose



Reg.NO. : 54
 NAME : **Mr. KAMLESH CHAND**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **29/07/2023**
 AGE : 34 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY		ml	
Volume	20		
Colour	Light Yellow		Nil
Appearance	Clear		
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
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			
Bacteria	NIL		
Other	NIL		

HAEMATOLOGY

Report is not valid for medicolegal purpose



Reg.NO. : 54
NAME : Mr. KAMLESH CHAND
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : 29/07/2023
AGE : 34 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN	4.9		

EXPECTED RESULTS :

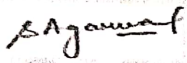
Non diabetic patients : 4.0% to 6.0%
Good Control : 6.0% to 7.0%
Fair Control : 7.0% to -8%
Poor Control : Above 8%

***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.

—{End of Report}—


Dr. Shweta Agarwal
MD (Pathology), Apple Pathology
Bareilly (U.P.)

Report is not valid for medicolegal purpose



Patient ID 10234560
Name Mr. KAMLESH CHAND
Sex/Age Male 34 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 29/07/2023 10:49:17
Collected On
Received On
Reported On 29/07/2023 11:12:50
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 ***



Subhajit
DR SUBHAJIT DUTTA

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





ALPHA DIAGNOSTICS
20/07/23 11:30:38AM



LORDO SH

LIVER



LORDO SH

T KIDNEY



LORDO SH

GALLBLADDER



LORDO SH

SPLEEN

M12 16.05 C16
FAT1

PR 24
AV 100
GRI 77
FREQ 2.7
CM 40
S/A 57
SMap 1/6
DR 192

21 9.04 cm
1 m



Patient ID 10234559
Name Mr. KAMLESH CHAND
Sex/Age Male 34 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 29/07/2023 10:48:41
Collected On
Received On
Reported On 29/07/2023 11:39:40
Permanent ID

USG WHOLE ABDOMEN

Liver - is normal in size (13.5 cm). Homogenous echotexture. No IHRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatitis - 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 (9 cm) 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 (13 gm), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.
Visualized bowel loops appear normal.

IMPRESSION:

∞ NO SIGNIFICANT ABNORMALITY DETECTED.

ADV - PLEASE CORRELATE CLINICALLY.



DR. SUBHAJIT DUTTA

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

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