

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

Vikram

Health

11/3/22

120/20

62/2

62

6

1st time 6/11/22

9

डॉ. नितिन अग्रवाल
हृदय रोग विशेषज्ञ

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.

पचास पाँच दिन के लिये मान्य



॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

DR. LOKESH GOYAL

MBBS (K GMC), 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. VIKRAM
DR. NITIN AGARWAL, DM

11-03-2023

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

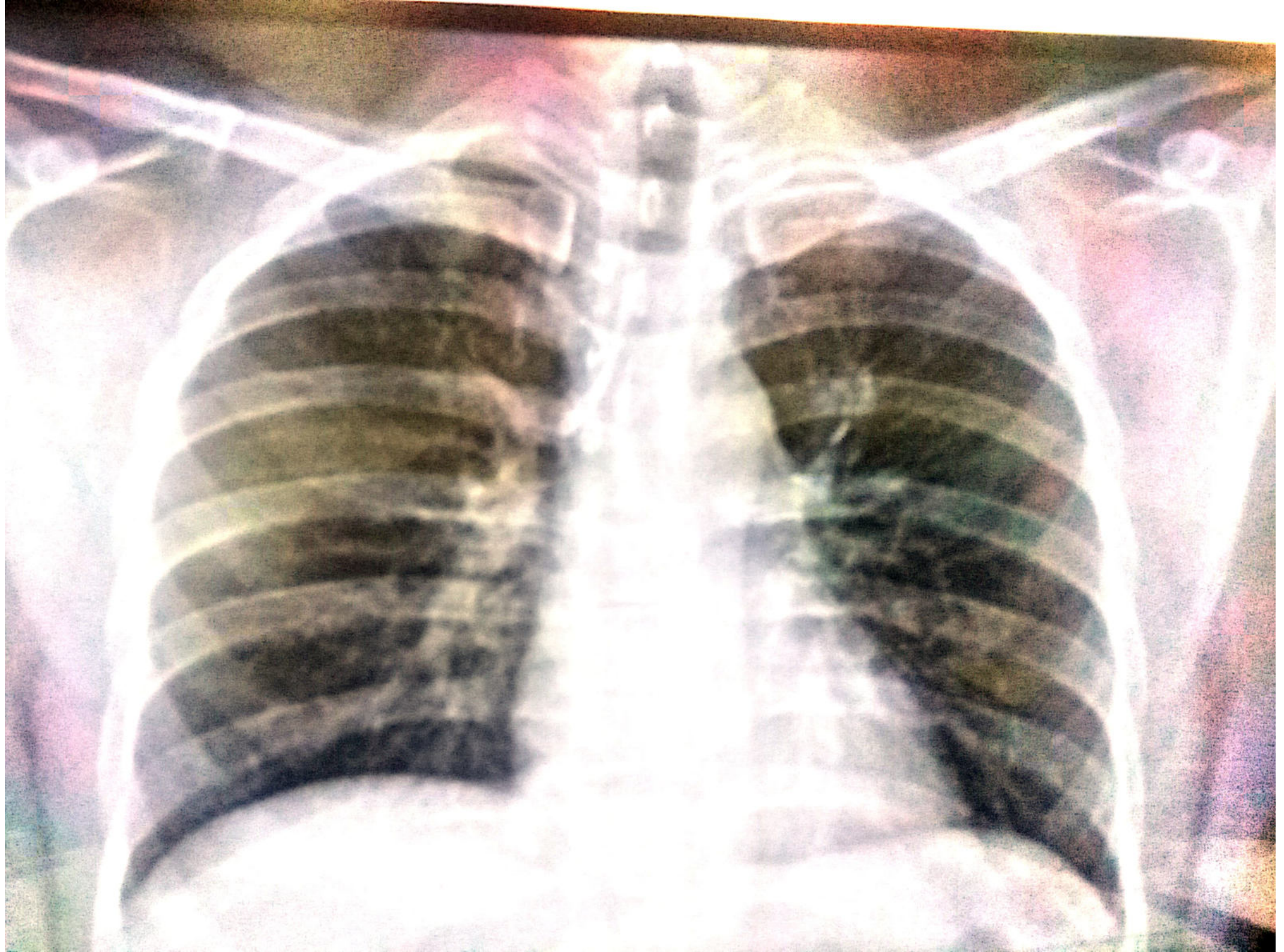
Not for medico-legal purpose

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

डिजिटल एकरा-रे, मल्टी स्लाईस
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE



A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),

Bareilly - 243 122 (U.P.) India

Tel. : 07599031977, 0945888448



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 112
NAME : **Mr. VIKRAM BATHAM**
REFERRED BY : Dr. Nitin Agarwal (D.M)
SAMPLE : BLOOD

DATE : **11/03/2023**
AGE : 31 Yrs.
SEX : MALE

TEST NAME

RESULTS

UNITS BIOLOGICAL REF. RANGE

HAEMATATOLOGY

COMPLETE BLOOD COUNT (CBC)		
HAEMOGLOBIN		
TOTAL LEUCOCYTE COUNT	14.2	gm/dl 12.0-18.0
DIFFERENTIAL LEUCOCYTE COUNT(DLC)	4,300	/cumm 4,000-11,000
Neutrophils	67	% 40-75
Lymphocytes	30	% 20-45
Eosinophils	03	% 01-08
TOTAL R.B.C. COUNT	5.12	million/cumm 3.5-6.5
P.C.V./ Haematocrit value	46.6	% 35-54
M C V	89.0	fL 76-96
M C H	27.0	pg 27.00-32.00
M C H C	30.9	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
GLYCOSYLATED HAEMOGLOBIN	5.9	

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.

Report is not valid for medicolegal purpose

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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BLOOD UREA	18	mg/dL.	10-40
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* 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

0.5 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.

SERUM SODIUM (Na)

135 m Eq/litre. 135 - 155

SERUM POTASSIUM (K)

4.5 m Eq/litre. 3.5 - 5.5

SERUM CALCIUM

9.4 mg/dl 8.5 - 10.5

Report is not valid for medicolegal purpose

of Apple Cardiac Care
 Nagar, Stadium Road,
 Care Hospital),
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LIVER PROFILE			
SERUM BILIRUBIN			
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
SERUM PROTEINS			
Total Proteins	6.7	Gm/dL	6.4 - 8.3
Albumin	4.3	Gm/dL	3.5 - 5.5
Globulin	2.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.79		
SGOT	39	IU/L	0-40
SGPT	33	IU/L	0-40
SERUM ALK.PHOSPHATASE	70	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
 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>
LIPID PROFILE			
SERUM CHOLESTEROL	169	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	131	mg/dl.	30 - 160
HDL CHOLESTEROL	47	mg/dL.	30-70
VLDL CHOLESTEROL	26.2	mg/dL.	15 - 40
LDL CHOLESTEROL	95.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.60	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.04	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 mellitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining 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**

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	25	ml	
Colour	Light Yellow		
Appearance	Clear		
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		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	20-25	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

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BIOCHEMICAL

Prostatic Specific Antigen 2.3 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

HAEMATOLOGY

BLOOD GROUP

Blood Group B
Rh POSITIVE

BIOCHEMISTRY

BLOOD SUGAR P.P. 119 mg/dl 80-160
BLOOD SUGAR F. 96 mg/dl 60-100

--{End of Report}--

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

Report is not valid for medicolegal 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 : parasmribly@gmail.com

REPORT

4D / 5D ULTRASOUND

COLOR DOPPLER

TVS/ TRUS

MUSCULOSKELETAL USG

Date : 11.3.2023
Name : VIKRAM 28Y/M
Ref.By : DR APPLE CARDIAC CARE

ULTRASOUND WHOLE ABDOMEN

LIVER - Liver is normal in size and outline. It shows a uniform 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 evidence of calculi is seen. CMD is maintained. No evidence of hydronephrosis is seen on either side.

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:

❖ No significant abnormality is seen.

Adv- clinical correlation.


Dr. Puja Tripathi

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

MBBS, MD (Radiodiagnosis, SGPGI)





NAME	Mr. VIKRAM BATHAM	AGE/SEX	28 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	11/03/2023

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)	2.4	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	2.0	cm	(2.2 –3.7 cm)
LA	2.8	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= 0.8 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

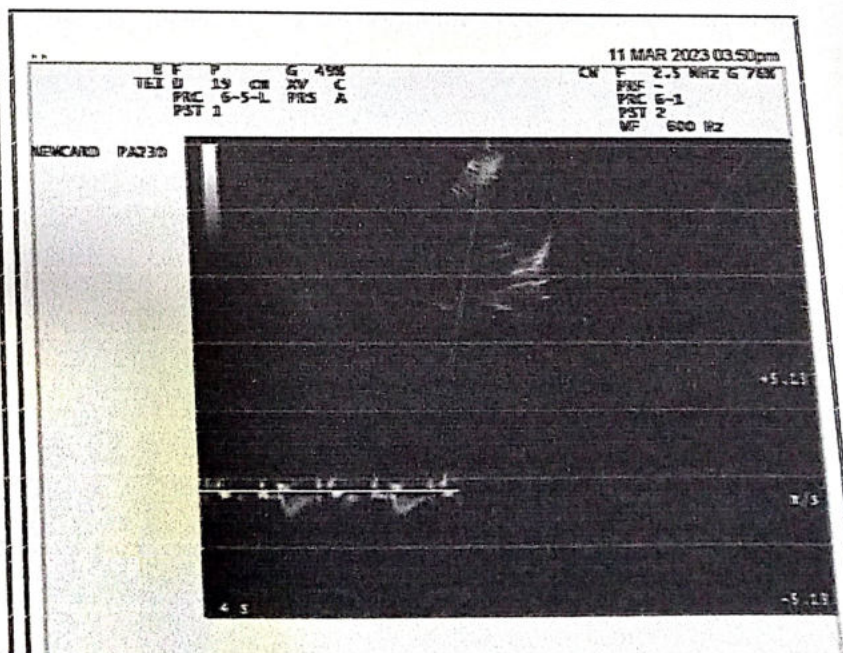
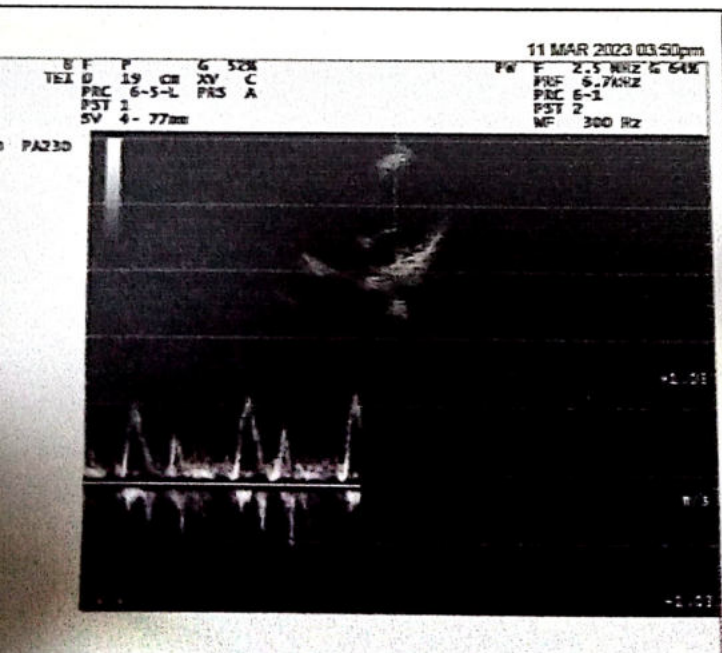
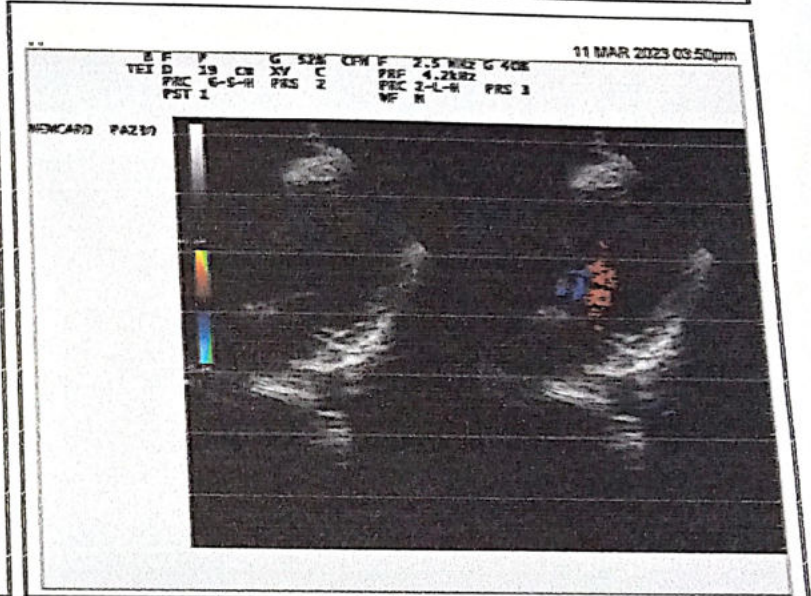
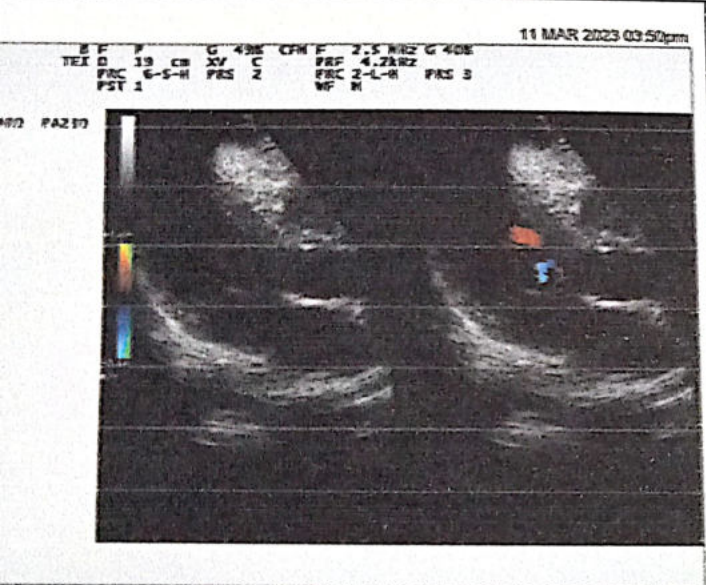
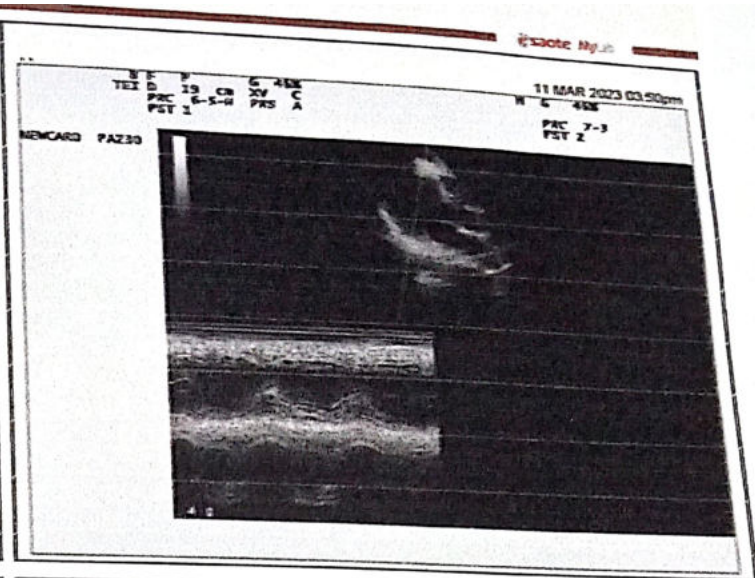
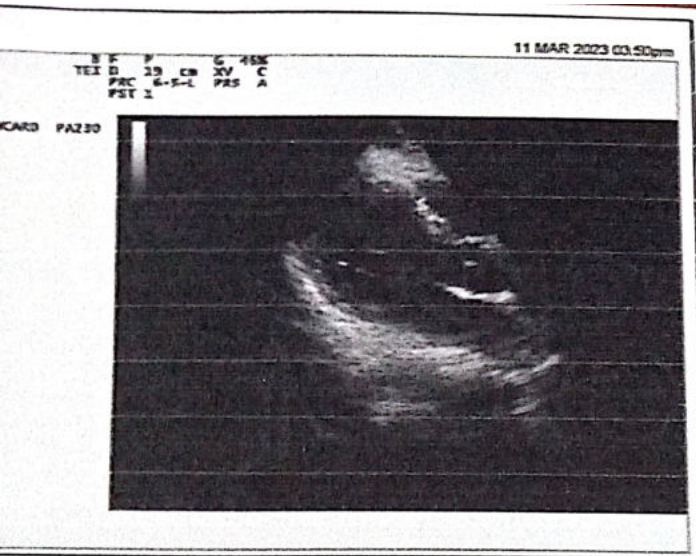
FINAL IMPRESSION

- 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.



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

BPL

BPL CARDIART 6108T



II

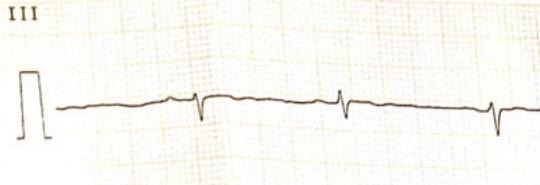


III

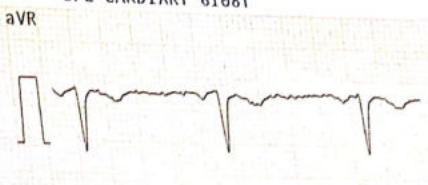
10mm/mV 25mm/sec \approx 25Hz

BPL

BPL CARDIART 6108T



aVR



aVL

10m

Pat. ID. Vikram...

11/03/23

Pat. ID.

CARDIART

CARDIART

