

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

24/6/22

Deep Govel

47

160/100

46.

104

1/2

1. February 2022

Q

S. Mani Das

- 2-4

1/2

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.

पर्चा पाँच दिन के लिये मान्य



Scanned with OKEN Scanner

A Venture of Apple Cardiac Care

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



Reg.NO. : 02
NAME : **Mrs. DEEPA GOEL**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **24/06/2023**
AGE : 52 Yrs.
SEX : FEMALE

| <u>TEST NAME</u> | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|------------------|---------------------|--------------|------------------------------|
| | BIOCHEMISTRY | | |
| BLOOD SUGAR P.P. | 161 | mg/dl | 80-160 |

--{End of Report}--

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

Lab. Timings : 9.00 a.m. to 8.00 p.m. Sunday : 10.00 a.m. to 2.00 p.m.
Home Sample Collection Facility Available



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Reg.NO. : 16
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|-----------------------------------|----------------|----------------------|------------------------------|
| HAEMATOLOGY | | | |
| COMPLETE BLOOD COUNT (CBC) | | | |
| HAEMOGLOBIN | 13.4 | gm/dl | 12.0-15.0 |
| TOTAL LEUCOCYTE COUNT | 5,700 | /cumm | 4,000-11,000 |
| DIFFERENTIAL LEUCOCYTE COUNT(DLC) | | | |
| Neutrophils | 65 | % | 40-75 |
| Lymphocytes | 33 | % | 20-45 |
| Eosinophils | 02 | % | 01-08 |
| TOTAL R.B.C. COUNT | 4.34 | million/cumm | 3.5-6.5 |
| P.C.V./ Haematocrit value | 42.1 | % | 35-54 |
| M C V | 97.0 | fL | 76-96 |
| M C H | 30.9 | pg | 27.00-32.00 |
| M C H C | 31.8 | g/dl | 30.50-34.50 |
| PLATELET COUNT | 3.06 | lacs/mm ³ | 1.50 - 4.50 |
| E.S.R (WINTROBE METHOD) | | | |
| -in First hour | 13 | mm | 00- 20 |
| GLYCOSYLATED HAEMOGLOBIN | 6.5 | | |

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.



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|----------------------------------|---------------------|--------------|------------------------------|
| | BIOCHEMISTRY | | |
| BLOOD SUGAR F. | 120 | mg/dl | 60-100 |
| | HAEMATOLOGY | | |
| BLOOD GROUP | | | |
| Blood Group | B | | |
| Rh | POSITIVE | | |
| | BIOCHEMISTRY | | |
| Gamma Glutamyl Transferase (GGT) | 27 | U/L | 11-50 |

Department of Apple Cardiac Care
Shweta Nagar, Stadium Road,
Opp. Care Hospital,
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



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|---------------------|----------------|--------------|------------------------------|
| BIOCHEMISTRY | | | |
| SERUM CREATININE | 0.9 | mg/dL. | 0.5-1.4 |
| BLOOD UREA NITROGEN | 18 | mg/dL. | 5 - 25 |

--{End of Report}--

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

Lab. Timings : 9.00 a.m. to 8.00 p.m. Sunday : 10.00 a.m. to 2.00 p.m.
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|------------------|----------------|--------------|------------------------------|
| URIC ACID | 7.4 | mg/dl | 3.0-6.0 |

CLINICAL SIGNIFICANCE:

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

LIPID PROFILE

| | | | |
|----------------------------|-------|--------|-----------|
| SERUM CHOLESTEROL | 179 | mg/dL. | 130 - 200 |
| SERUM TRIGLYCERIDE | 182 | mg/dl. | 30 - 160 |
| HDL CHOLESTEROL | 52 | mg/dL. | 30-70 |
| VLDL CHOLESTEROL | 36.4 | mg/dL. | 15 - 40 |
| LDL CHOLESTEROL | 90.60 | mg/dL. | 00-130 |
| CHOL/HDL CHOLESTEROL RATIO | 3.44 | mg/dl | |
| HDL/HDL CHOLESTEROL RATIO | 1.74 | 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.

URINE EXAMINATION

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 NAME : **Mrs. DEEPA GOEL**
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 AGE : 52 Yrs.
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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 | 5.0 | | |
| TRANSPARENCY | | | |
| Volume | 25 | ml | |
| Colour | Light Yellow | | |
| Appearance | Clear | | Nil |
| 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 | TRACE | | Nil |
| Phosphates | Absent | | Nil |
| MICROSCOPIC EXAMINATION | | | |
| 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. | |
| DEPOSITS | NIL | | |
| Bacteria | NIL | | |
| Other | NIL | | |

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 SEX : FEMALE

TEST NAME

RESULTS

UNITS BIOLOGICAL REF. RANGE

LIVER PROFILE

BIOCHEMISTRY

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

3.5

Gm/dL

3.5 - 5.5

Globulin

3.2

Gm/dL

2.3 - 3.5

A : G Ratio

1.09

0.0-2.0

SGOT

50

IU/L

0-40

SGPT

48

IU/L

0-40

SERUM ALK. PHOSPHATASE

89

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.

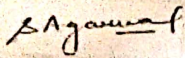
Premature infants, 3 to 5 days: <16 mg/dL. Neonates, 0 to 1 day: 1.4-8.7 mg/dL

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.

--{End of Report}--



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

Report is not valid for medicolegal purpose



ALPHA DIAGNOSTICS

D/115, Gulmohar Park, Near Delapeer Talab,
Rajendra Nagar, Bareilly (U.P.)
+91-7642912345, 7642812345, 0581-4015223
contact@alphadiagnostic.in
alphadiagnostic07@gmail.com
www.alphadiagnostic.in

CARE
ART CLINIC
RT CARE

Patient ID 10233148
Name Mrs. DEPA GOEL
Sex/Age Female 52 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 24/06/2023 10:21:20
Collected On
Received On
Reported On 24/06/2023 14:18:02
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 ***



Subhojit
DR SUBHAJIT DUTTA
MD (RADIODIAGNOSIS), DNB



- 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)

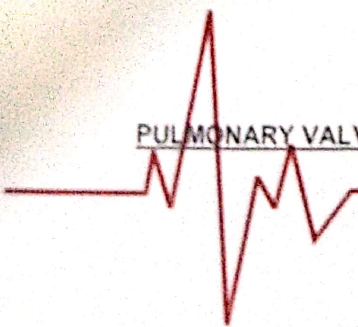
| | | | |
|-----------------|------------------------|----------------|------------|
| NAME | Mrs. DEEPA GOEL | AGE/SEX | 52 Y/F |
| Reff. By | Dr. NITIN AGARWAL (DM) | DATE | 24/06/2023 |

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

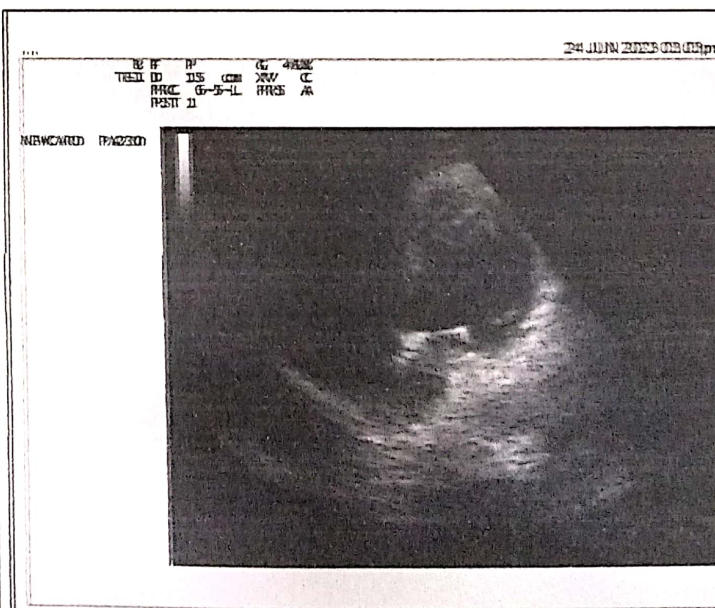
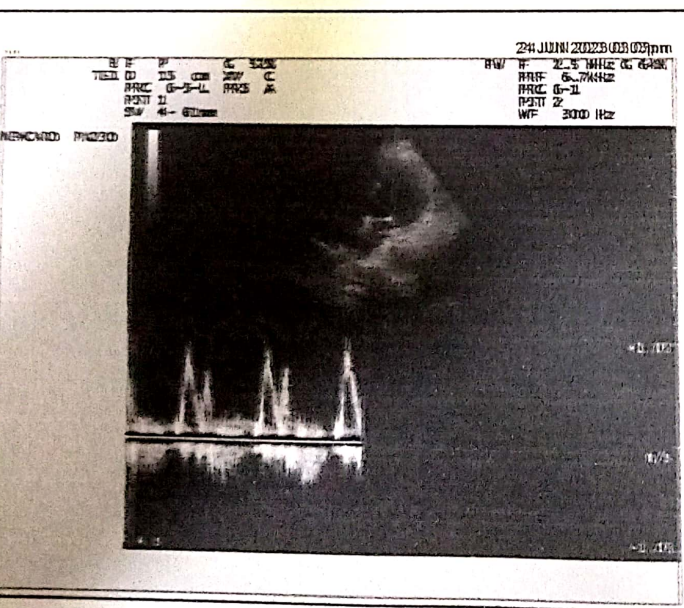
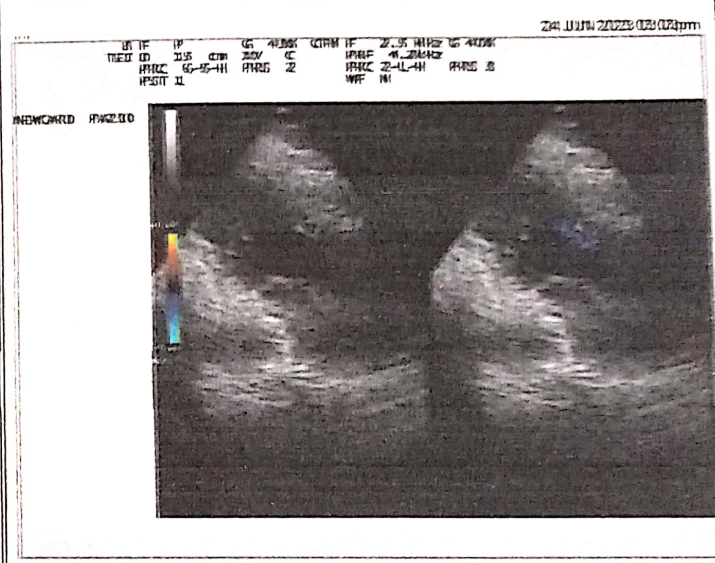
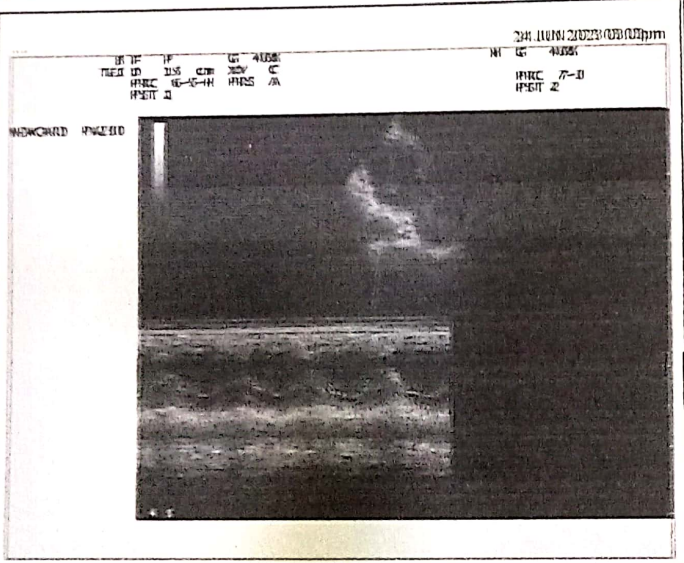
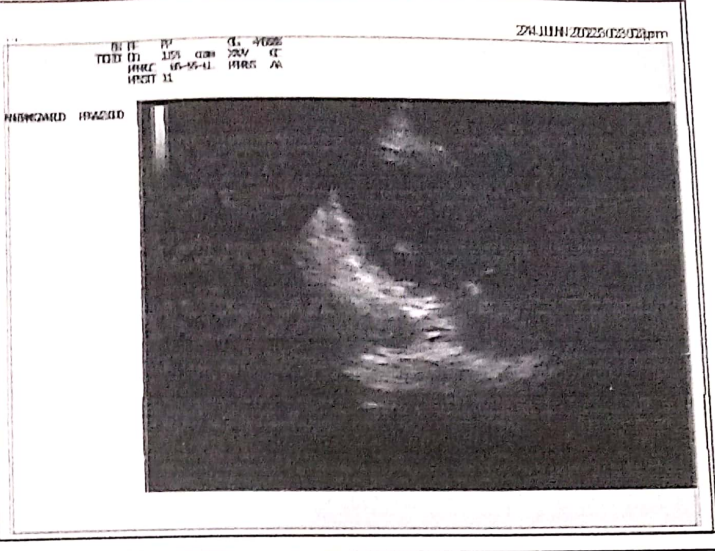
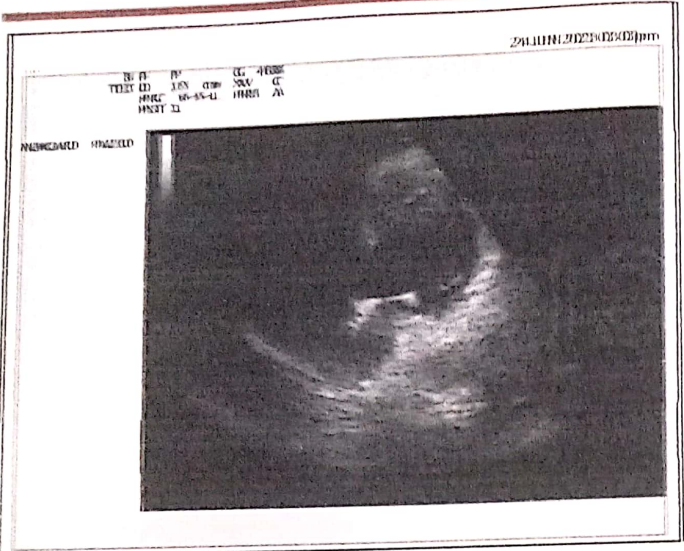
| <u>MEASUREMENTS</u> | <u>VALUE</u> | <u>NORMAL DIMENSIONS</u> |
|---------------------------|--------------|--------------------------|
| LVID (d) | 4.6 cm | (3.7 –5.6 cm) |
| LVID (s) | 2.6 cm | (2.2 –3.9 cm) |
| RVID (d) | 2.4 cm | (0.7 –2.5 cm) |
| IVS (ed) | 1.0 cm | (0.6 –1.1 cm) |
| LVPW (ed) | 1.0 cm | (0.6 –1.1 cm) |
| AO | 2.5 cm | (2.2 –3.7 cm) |
| LA | 3.2 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



FACILITIES : ECG | ECHO CARDIOGRAPHY
 TMT | HOLTEN MONITORING | PATHOLOGY





Patient ID 10233147
Name Mrs. DEPA GOEL
Sex/Age Female 52 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 24/06/2023 10:18:52
Collected On
Received On
Reported On 24/06/2023 11:40:08
Permanent ID

USG WHOLE ABDOMEN

Liver - is enlarged in size (15 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.

Uterus - is anteverted and normal in size (6.4 x 3.9 x 3.2 cm) and shape. Myometrium shows senile changes. No definite evidence of myoma is seen. Central endometrium echo complex is normal.

B/L ovary/ adnexa - normal in size.

No definite evidence of fluid is seen in pouch of Douglas.

IMPRESSION:

- Hepatomegaly with Grade I fatty changes of liver.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR SUBHAJIT DUTTA
MD (RADIODIAGNOSIS), DNB

Page No 1 of 1



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- 4D Ultrasound
- Color Doppler
- 2D Echo
- Spirometry
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- PCR For Covid-19 (Truenat)





Deepa Goel