



A-3, Ekta Nagar, Stadium Road,  
 (Opposite Care Hospital),  
 Bareilly - 243 122 (U.P.) India  
 Tel. : 07599031977, 0945888448



**APPLE**  
**CARDIAC CARE**  
 DR. NITIN AGARWAL'S HEART CLINIC  
 A UNIT OF PRIME HEART CARE

<b>NAME</b>	Mr. DEEPAK GUPTA	<b>AGE/SEX</b>	46 Y/M
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	11/03/2023

**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)	2.5	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.









॥ 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. DEEPAK GUPTA  
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  
RADIO DIAGNOSIS

डिजिटल एक्स-रे, मल्टी स्लाइस  
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL 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 : DEEPAK GUPTA 46Y/M  
Ref.By : DR APPLE CARDIAC CARE

### ULTRASOUND WHOLE ABDOMEN

**LIVER** - Liver is normal in size and outline. *It shows increased 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:

❖ Grade I fatty liver.

Adv- clinical correlation.

  
**Dr. Puja Tripathi**

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

MBBS, MD (Radiodiagnosis, SGPGI)





**A Venture of Apple Cardiac Care**

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

Reg.NO. : 108  
NAME : **Mr. DEEPAK GUPTA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **11/03/2023**  
AGE : 46 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	15.3	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	5,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
Monocytes	00	%	01-06
Basophils	00	%	00-02
TOTAL R.B.C. COUNT	5.19	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	46.6	%	35-54
M C V	89.8	fL	76-96
M C H	29.5	pg	27.00-32.00
M C H C	32.8	g/dl	30.50-34.50
PLATELET COUNT	1.55	lacs/mm <sup>3</sup>	1.50 - 4.50
<b>BLOOD GROUP</b>			
Blood Group	A		
Rh	POSITIVE		
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	<b>177</b>	mg/dl	60-100

**Report is not valid for medicolegal purpose**



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BLOOD UREA	24	mg/dL.	10-40

- \* 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	0.6	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)	138	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	3.9	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5

**HAEMATOLOGY**

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GLYCOSYLATED HAEMOGLOBIN	7.5		

**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.

**BIOCHEMICAL**

Prostatic Specific Antigen	2.1	ng/ml	0-4
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**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

**BIOCHEMISTRY**

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.7	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
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	<b>118</b>	IU/L	0-40
SGPT	<b>129</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	74	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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<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>234</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	<b>186</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	37.2	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>148.80</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.88	mg/dl	
LDL/HDL CHOLESTEROL RATIO	3.1	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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<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	6.0		
<b>TRANSPARENCY</b>			
Volume	30	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	4-6	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		

**HAEMATOLOGY**

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of Apple Cardiac Care  
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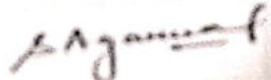


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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
E.S.R (WINTROBE METHOD) -in First hour	09	mm	00 - 15

---(End of Report)---

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



Apple Cardiac Care  
Kta Nagar, Stadium Road,  
pp. Care Hospital),  
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Gamma Glutamyl Transferase (GGT)	BIOCHEMISTRY 23	U/L	7-32

--{End of Report}--

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



Apple Cardiac Care  
Bhakti Nagar, Stadium Road,  
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Bareilly - 243 122 (U.P.) India  
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**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 108  
NAME : **Mr. DEEPAK GUPTA**  
REFERRED BY : Dr.Nitin Agarwai (D M)  
SAMPLE : BLOOD

DATE : **11/03/2023**  
AGE : 46 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR P.P.	<b>BIOCHEMISTRY</b> 239	mg/dl	80-160

--{End of Report}--

*Agarwai*  
**Dr. Shweta Agarwai**  
MD(Pathology), Apple Pathology  
Bareilly (UP)



BPL 10mm/mV 25mm/sec 25HZ

I



Normal

II



Pat. ID. Deepak

Dr. S. S. Srinivasan  
Dr. S. S. Srinivasan  
Dr. S. S. Srinivasan  
Dr. S. S. Srinivasan

BPL CARDIART 6108T

BPL

III



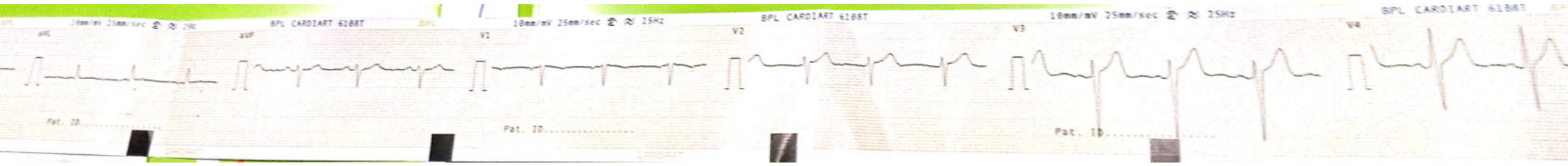
Pat. ID.....

10mm/mV 25mm/sec 25HZ

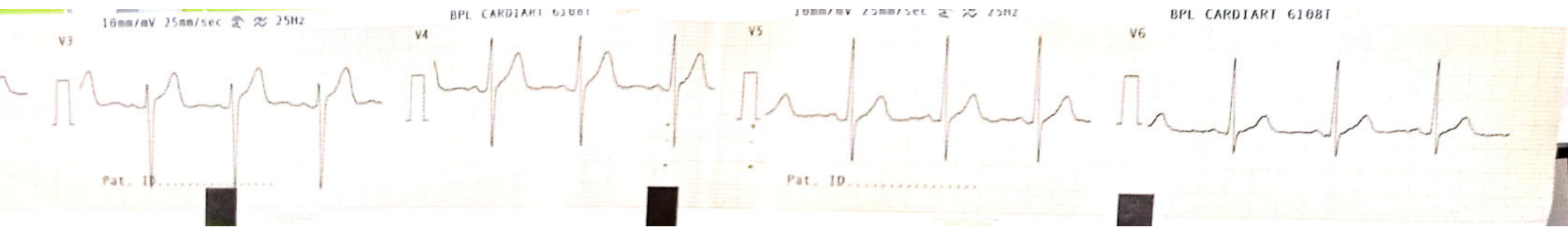
aVR



BPL CARDIART 6108T







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

Recent ECG

11/3/22

124/62

96/

92

Asymptomatic

T-wave 100

0

20/4/11

0

F = 100  
PR = 225

A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.

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





भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: S/O राम निवास गुप्ता, छावनी अशरफ  
खान, इज़्ज़तनगर, 306 आजादपुरम, बरेली,  
बरेली, उत्तर प्रदेश, 243122  
Address: S/O Ram Niwas Gupta, CHAWNI  
ASHRAF KHAN, IZATNAGAR, 306  
AZADPURAM, Bareilly, Bareilly, Uttar  
Pradesh, 243122




4893 8094 4395

1947 help@uidai.gov.in www.uidai.gov.in

Print Date: 17/11/2020

भारत सरकार  
Government of India

दीपक गुप्ता  
Deepak Gupta  
जन्म तिथि / DOB : 02/11/1976  
पुरुष / MALE



Issue Date: 22/01/2015

4893 8094 4395

मेरा आधार, मेरी पहचान

for medical  
upta 11/3/23