

# 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. : 21  
NAME : Mr. DEEPAK GUPTA  
REFERRED BY : Dr. Nitin Agarwal (D.M.)  
SAMPLE : BLOOD

DATE : 14/04/2024  
AGE : 47 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	14.6	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,100	/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	4.26	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	42.3	%	35-54
M C V	81.2	fL	76-96
M C H	29.6	pg	27.00-32.00
M C H C	31.5	g/dl	30.50-34.50
PLATELET COUNT	1.85	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	11	mm	00 - 15
<b>BLOOD GROUP</b>			
Blood Group	A		
Rh	POSITIVE		



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GLYCOSYLATED HAEMOGLOBIN(HBA1C)	6.7		

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**

BLOOD SUGAR F.	<b>145</b>	mg/dl	60-100
BLOOD UREA NITROGEN	18	mg/dL.	5 - 25
URIC ACID	5.8	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

SERUM CREATININE	0.9	mg/dL.	0.5-1.4
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**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

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<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	1.0	mg/dL	0.3-1.2
DIRECT	0.6	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.8	Gm/dL	6.4 - 8.3
Albumin	4.6	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.44		0.0-2.0
SGOT	<b>79</b>	IU/L	0-40
SGPT	<b>109</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	109	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>LIPID PROFILE</b>			
SERUM CHOLESTEROL	238	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	133	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	26.6	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>163.40</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	<b>4.96</b>	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	<b>3.40</b>	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 mellitus, 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.

Gamma Glutamyl Transferase (GGT) 21 U/L 7-32

BLOOD SUGAR P.P. 184 mg/dl 80-160

**URINE EXAMINATION**





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<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
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		
<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.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

**HORMONE**



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Triiodothyronine (T3)	0.88	ng/ml	0.60-1.81
Thyroxine (T4)	6.18	ug/dl	5.01-12.45
THYROID STIMULATING HORMONE [TSH.]	3.16	uIU/mL	0.35-5.50

**NORMAL RANGE:**

Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 uIU/mL.  
Normal newborn infants (TSH measured 4 days after birth): Between 1.3 to 16 uIU/mL.  
Babies (1-11 months): 0.9 to 7.7 uIU/mL.  
Kids (1 year till the onset of puberty): 0.6 to 5.5 uIU/mL.  
ADULT : 0.21-4.2uIU/mL.

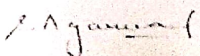
**TSH(Thyroid stimulating hormone:Thyrotropin)** is a hormone secreted by the anterior pituitary.It is a recommended initial test for the screening and diagnosis of hyperthyroidism and hypothyroidism.It is especially useful in the diagnosis of early or subclinical hypothyroidism before the patient develops clinical findings ,goiter,or abnormalities of other thyroid tests.

**Thyroxine,(Total T4 Assay)** Is a hormone secreted by the thyroid gland which is predominantly bound to carrier proteins,(99%).it is used in the diagnosis of hyperthyroidism when it is increased. It is found decreased in hypothyroidism and hypoproteinemia.Its values are not affected by nonthyroidal iodine.

**Triiodothyronine(Total T3 Assay)** Is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3.As T3 is physiologically more active it it plays an important part in maintaining euthyroidism.It is used in T3 thyrotoxicosis ,monitoring the course of hyperthyroidism.

Method : Chemiluminescence Immuno Assays.

--{End of Report}--

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



APPLE CARDIAC CARE  
EKTA NAGER STADIUM ROAD BAREILLY

Report



4855 / Mr. DEEPAK GUPTA / 47 Yrs / M / 167 Cms / 61 Kg Date: 14-Apr-2024 Refd By : NITIN AGARWAL (DM) Examined By: DR . NITIN AGARWAL

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	114	66 %	120/80	136	00	
Standing	00:30	0:23	00.0	00.0	01.0	114	66 %	120/80	136	00	
HV	01:11	0:41	00.0	00.0	01.0	113	65 %	120/80	135	00	
ExStart	01:59	0:48	00.0	00.0	01.0	108	62 %	120/80	129	00	
BRUCE Stage 1	04:59	3:00	01.7	10.0	04.7	147	85 %	125/85	183	00	
BRUCE Stage 2	07:59	3:00	02.5	12.0	07.1	168	97 %	130/90	218	00	
PeakEx	10:27	2:28	03.4	14.0	09.7	184	106 %	140/90	257	00	
Recovery	10:57	0:30	00.0	00.0	04.1	170	98 %	140/90	238	00	
Recovery	11:27	1:00	00.0	00.0	01.1	160	92 %	140/90	224	00	
Recovery	12:27	2:00	00.0	00.0	01.0	137	79 %	140/90	191	00	
Recovery	13:27	3:00	00.0	00.0	01.0	130	75 %	135/85	175	00	
Recovery	14:27	4:00	00.0	00.0	01.0	127	73 %	130/80	165	00	
Recovery	15:05	4:39	00.0	00.0	01.0	124	72 %	130/80	161	00	

TMT - Negative for Ischaemia

FINDINGS :

Exercise Time : 08:28  
 Max HR Attained : 184 bpm 106% of Target 173  
 Max BP Attained : 140/90  
 Max WorkLoad Attained : 9.7 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved

REPORT Sample Name: Stress Test Graded Exercise Treadmill  
 Description: Chest pain, Chest wall tenderness occurred with exercise.

INDICATIONS: Chest pain.

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 114.0 bpm, and the maximum predicted Target Heart Rate 173.0. The BP increased at the time of generating report as 140.0/90.0 mmHg The Max Dep went upto 0.0. 0.0 Ectopic Beats were observed during the Test.

डॉ० नितिन अग्रवाल  
 डीएमओ  
 हृदय रोग विशेषज्ञ

Doctor : DR. NITIN AGARWAL (DM)



॥ 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 47/M  
DR. NITIN AGARWAL, DM

14-04-2024

## EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is normal in size and outline. It shows uniform echopattern. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The Gall Bladder is normal in size, with no evidence of calculi. Walls are thin. The CBD appears normal.

The Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size and echogenicity. There is no evidence of collaterals.

Right Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

Left Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

**No ascitis or pleural effusion. No retroperitoneal adenopathy.**

The Urinary Bladder is partially filled.

The Prostate is normal in size and volume. Homogenous parenchyma. Median lobe is not projecting. The Seminal Vesicles are normally visualized.

Bowel loops are non-dilated; gas filled & show normal peristaltic activity.

**IMPRESSION:- NO SIGNIFICANT ABNORMALITY DETECTED**

**ADV—clinical correlation for bowel disorder**

DR LOKESH GOYAL  
MD  
RADIODIAGNOSIS

Every imaging has its limitations. This is a professional opinion, not a final diagnosis. For further confirmation of diagnosis, clinical-pathological correlation & relevant next line investigation (TVS for gynecological disorders) (endoscopy / CT scan for bowel pathologies) are required. In case of clinical discrepancy with the report or confusion, reexamination / reevaluation are suggested. Esp. for the surgical cases 2<sup>nd</sup> opinion is must. Your positive as well as negative feedbacks are most welcome for better results

Counter sign-----

*P. Agarwal*

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



NOT VALID FOR  
MEDICO LEGAL PURPOSE





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MR. DEEPAK 47/M  
DR. NITIN AGARWAL, DM

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

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