

A Venture of Apple Cardiac Care

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



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 44
NAME : **Mr. BIMLESH SHARMA**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **27/04/2024**
AGE : 30 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.2	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,200	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.89	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.5	%	35-54
M C V	79.5	fL	76-96
M C H	31.5	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.85	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	11	mm	00 - 15
BLOOD GROUP			
Blood Group	O		
Rh	POSITIVE		



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GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.8		

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.	90	mg/dl	60-100
BLOOD UREA NITROGEN	15	mg/dL.	5 - 25
URIC ACID	6.6	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

SERUM CREATININE	0.8	mg/dL.	0.5-1.4
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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	7.0	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	3	Gm/dL	2.3 - 3.5
A : G Ratio	1.33		0.0-2.0
SGOT	29	IU/L	0-40
SGPT	22	IU/L	0-40
SERUM ALK.PHOSPHATASE	67	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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LIPID PROFILE			
SERUM CHOLESTEROL	220	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	95	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	19	mg/dL.	15 - 40
LDL CHOLESTEROL	152	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.49	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	3.10	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.

Gamma Glutamyl Transferase (GGT)	24	U/L	7-32
BLOOD SUGAR P.P.	110	mg/dl	80-160

URINE EXAMINATION

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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			
Bacteria	NIL		
Other	NIL		

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TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

--{End of Report}--

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





Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	087	46%	120/70	104	00	
Standing	00:30	0:26	00.0	00.0	01.0	078	41%	120/70	093	00	
HV	00:45	0:15	00.0	00.0	01.0	073	38%	120/70	087	00	
ExStart	01:05	0:20	00.0	00.0	01.0	077	41%	120/70	092	00	
BRUCE Stage 1	04:05	3:00	01.7	10.0	04.7	109	57%	125/75	136	00	
BRUCE Stage 2	07:05	3:00	02.5	12.0	07.1	133	70%	128/78	170	00	
BRUCE Stage 3	10:05	3:00	03.4	14.0	10.2	180	95%	130/80	234	00	
PeakEx	10:23	0:18	04.2	16.0	10.5	183	96%	130/80	237	00	
Recovery	10:53	0:30	00.0	00.0	07.2	164	86%	130/80	213	00	
Recovery	11:23	1:00	00.0	00.0	04.2	140	74%	130/80	182	00	
Recovery	12:03				00.0	000	0%	---/---	000	00	

FINDINGS :

TMT-Negative

- Exercise Time : 09:18
- Max HR Attained : 183 bpm 96% of Target 190
- Max BP Attained : 130/80
- Max WorkLoad Attained : 10.5 Good response to induced stress

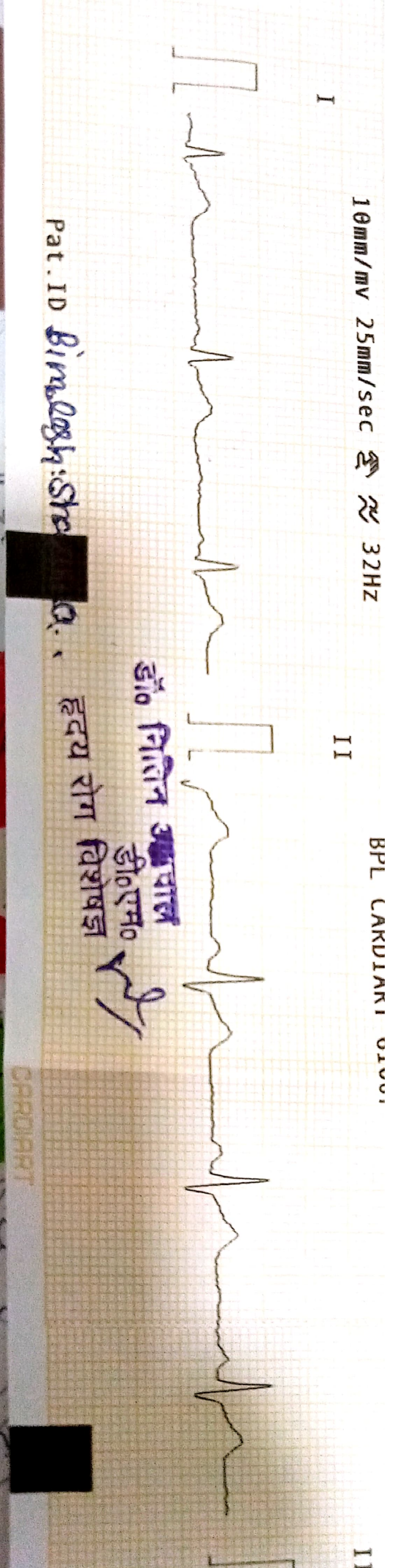
Test End Reasons

: Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved, Test Complete, heart Rate Ach

REPORT This is Sample Report 3

Heart Rate 78.0 bpm
 Systolic BP 130.0 mmHg
 Diastolic BP 80.0 mmHg
 Maximum Depression 0.2
 Exercise Time 09:18 Mins.
 Ectopic Beats 0.0
 METS 10.5

Doctor : DR. NITIN AGARWAL (DM)



10mm/mV 25mm/sec 32Hz

II

BPL CAKULANI 01001

II

Pat. ID Bimalash:She

Q. 1

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CARDIART



10mm/mv ^{BPL} 25mm/sec 32Hz

III

aVR

BPL CARDIART 6108T

BPL

Pat.ID

CARDIART



BPL CARDIART 6108T

aVR

10mm/mv 25mm/sec 32Hz

aVL

BPL CARDIART 6108T

aVF

Pat.ID

CARDIART

CARDIART



BPL

10mm/mv 25mm/sec 32Hz

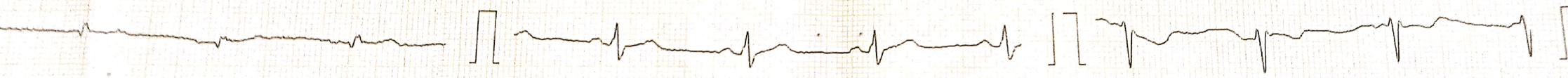
BPL CARDIART 6108T

10mm/mv 25mm/sec 32Hz

aVF

V.

V

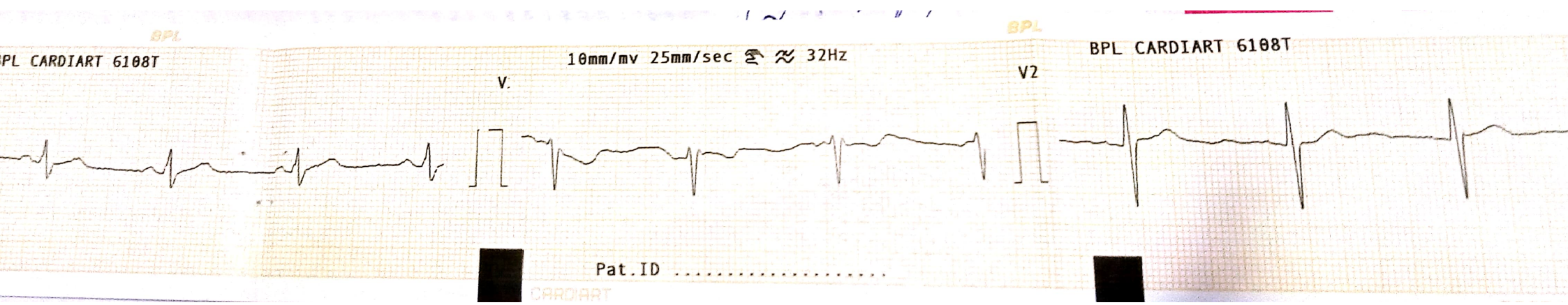


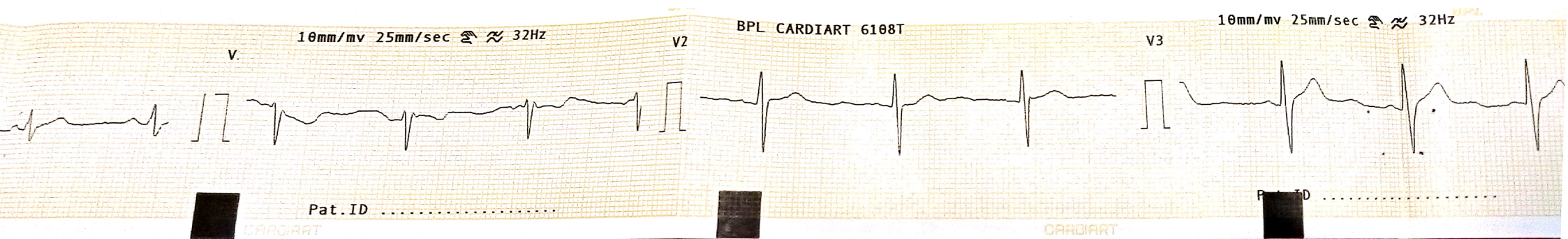
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1/sec 32Hz

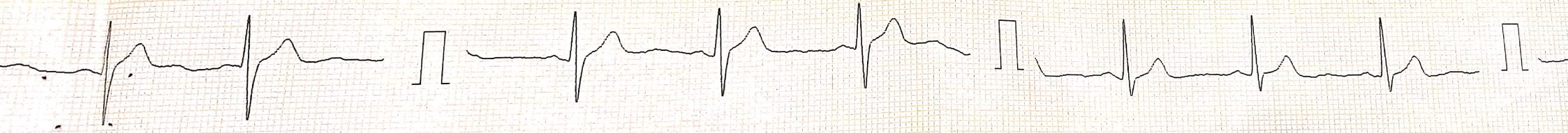
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10mm/mv 25mm/sec 32Hz

V4

V5

V6



Pat. ID

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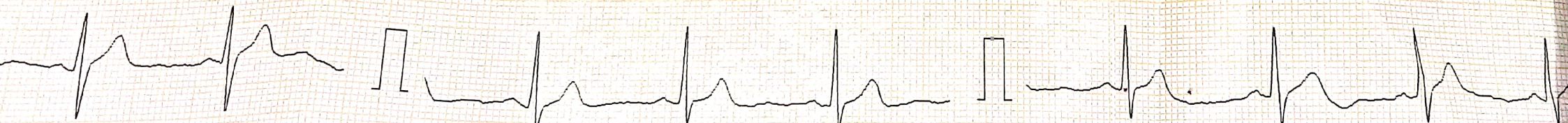
V5

10mm/mv 25mm/sec 32Hz

V6

BPL CARDIART 6108T

BPL



Pat. ID.

CARDIART

CARDIART



GANESH DIAGNOSTIC

DR. LOKESH GOYAL

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CONSULTANT INTERVENTIONAL RADIOLOGIST
FORMER SR. REGISTRAR - APOLLO HOSPITAL, NEW DELHI
LIFE MEMBER OF IRIA

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AGE---30Y/M

MR. BIMLESH SHARMA
DR. NITIN AGARWAL, DM

27-04-2024

EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN MALE

The Liver is normal 145 mm 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 normal in size and outline. Walls are thin & smooth. There is no evidence of any obvious intraluminal or perivesical pathology.

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 SUBHAJIT DUTTA
MD
RADIOLOGIST, DNB

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 2nd opinion is must. Your positive as well as negative feedbacks are most welcome for better results

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



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