



Patient ID 102315880  
Name Mrs. SEEMA DEVI  
Sex/Age Female 44 Yrs  
Ref. By Dr. NITIN AGARWAL  
Specimen



Reg. Date 23/03/2024 12:37:55  
Collected On  
Received On  
Reported On 23/03/2024 13:41:29

## USG WHOLE ABDOMEN

*Liver is normal in size (122mm). Margins are regular. Parenchyma shows normal and uniform echogenicity. There is no intrahepatic biliary dilatation. Portal and hepatic venous channels are within normal limits. No focal lesion seen.*

*Gall bladder is normal in position, shape and size. Walls are normal in thickness & regular. Lumen is echofree. CBD is not dilated. No peri-cholecystic collection.*

*Pancreas is normal in size. Margins are regular. Parenchyma shows normal echotexture. Pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.*

*Spleen is normal in position and size (84mm). Margins are regular with uniform parenchymal echogenicity.*

*Kidneys : Both kidneys are normal in position and size. Margins are regular. Parenchymal thickness is adequate with normal cortical echogenicities. No evidence of backpressure changes seen in the pelvicalyceal system. Both ureters are not dilated.*

*No significant abdominal lymphadenopathy seen.*

*Urinary bladder is normal in position and shape. Walls are regular. Perivesical fat planes are intact.*

*Uterus: is bulky in size (100 x 38mm). Outline is regular. Myometrium is homogeneous. Endometrium is normal; measuring 7mm and regular. No endometrial fluid is seen. Cervix is bulky in size with multiple nabothian cysts.*

*Adnexa: Both ovaries are normal in size and echotexture. No obvious adnexal mass is seen.*


*No free fluid in peritoneal cavity.*

### IMPRESSION:

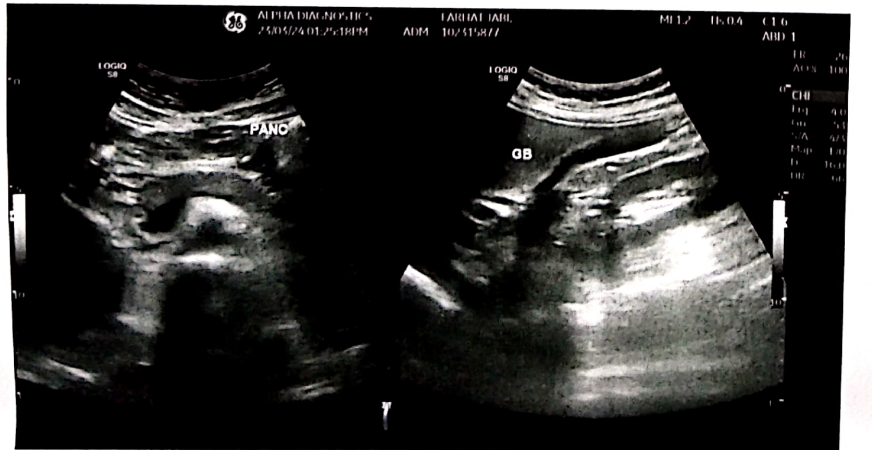
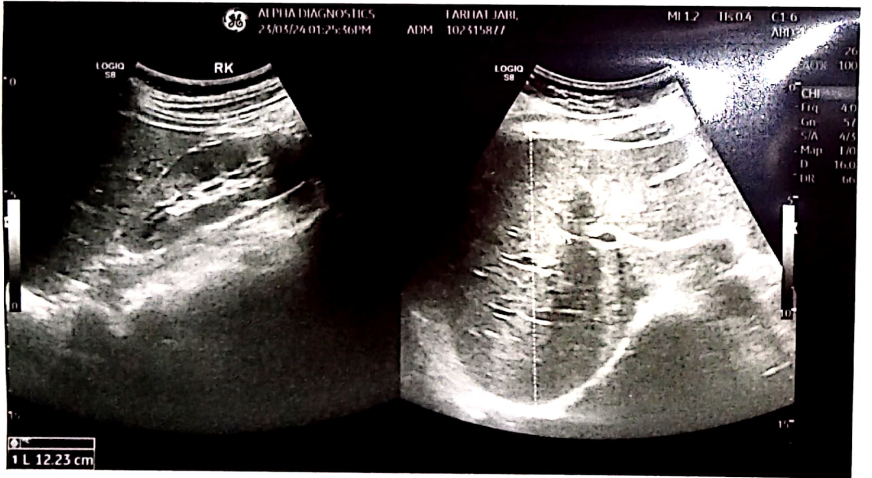
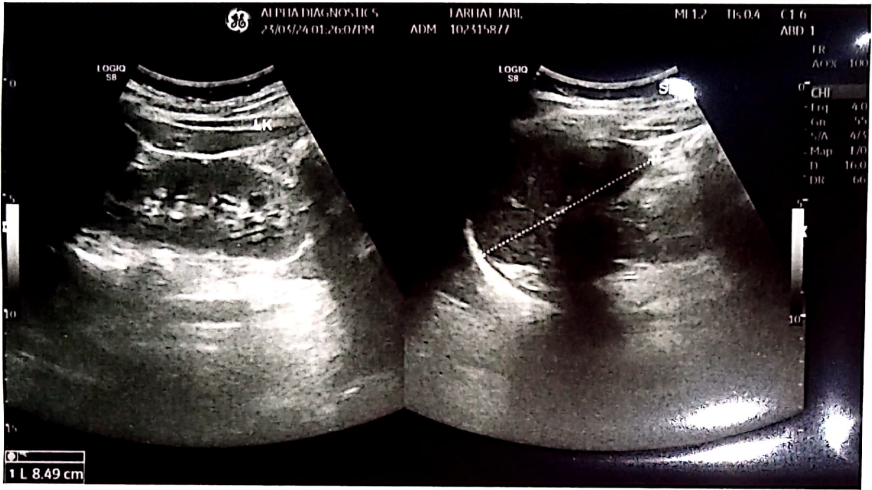
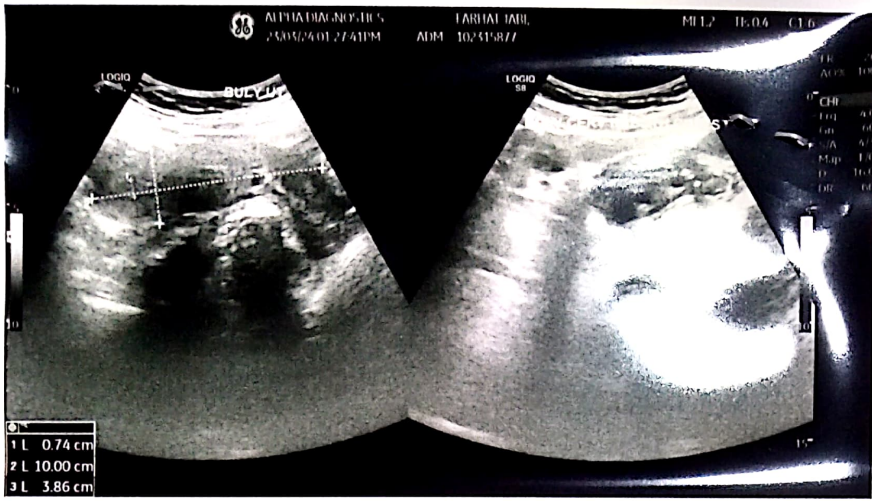
- ❖ Bulky uterus.
- ❖ Bulky cervix with multiple nabothian cysts.....s/o Cervicitis.

\*\*\* End of Report \*\*\*



  
**DR PARHAT H ANSARI**  
CONSULTANT RADIOLOGIST  
MD - RADIODIAGNOSIS, JNMCH, AMU







Patient ID 102315881  
Name Mrs. SEEMA DEVI  
Sex/Age Female 44 Yrs  
Ref. By Dr. NITIN AGARWAL  
Specimen



Reg. Date 23/03/2024 12:38:28  
Collected On  
Received On  
Reported On 23/03/2024 13:20:20

## X-RAY CHEST PA VIEW

*A small fibrotic patch is seen in left upper lung zone.*

*Rest of the bilateral lung fields are clear.*

*Trachea is mid line.*

*Cardiac silhouette is normal.*

*Bilateral hilar shadows are normal.*

*Rib cage appears normal.*

*Bilateral CP angles are clear.*

*Adv - Please correlate clinically.*

\*\*\* End of Report \*\*\*



*Farhat*

**DR FARHAT H ANSARI**

CONSULTANT RADIOLOGIST  
MD - RADIODIAGNOSIS, JNMCH, AMU





# 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

Patient ID

102315879

Name

Mr. NARESH PAL VERMA

Sex/Age

Male 36 Yrs

Ref. By

Dr. NITIN AGARWAL

Specimen



Reg. Date 23/03/2024 12:37:32

Collected On

Received On

Reported On 23/03/2024 13:18:19

## X-RAY CHEST PA VIEW

*Bilateral lung fields are clear.*

*Trachea is mid line.*

*Cardiac silhouette is normal.*

*Bilateral hilar shadows are normal.*

*Rib cage appears normal.*

*Bilateral CP angles are clear.*

### IMPRESSION: -

➤ *Normal x-ray chest*

*Adv – Please correlate clinically.*

\*\*\* End of Report \*\*\*



*Farhat*  
**DR FARHAT HANSARI**  
CONSULTANT RADIOLOGIST  
MD - RADIODIAGNOSIS, JNMCH, AMU

- CT Scan (96 Slice)
- 4D Ultrasound
- Color Doppler

- 2D Echo
- Spirometry
- Digital X-Ray

- Serology
- Biochemistry
- Cytology

- Histopathology
- Microbiology
- Video Bronchoscopy
- Semen Wash For IUI
- Complete Hematology
- PCR For Covid-19





# 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

Patient ID

102315878

Name

Mr. NARESH PAL VERMA

Sex/Age

Male 36 Yrs

Ref. By

Dr. NITIN AGARWAL

Specimen



Reg. Date 23/03/2024 12:36:16

Collected On

Received On

Reported On 23/03/2024 13:28:11

## USG WHOLE ABDOMEN

**Liver** is normal in size (122mm) with **Grade I fatty changes of liver**. Margins are regular. Parenchyma shows normal and uniform echogenicity. There is no intrahepatic biliary dilatation. Portal and hepatic venous channels are within normal limits. No focal lesion seen.

**Gall bladder** is normal in position, shape and size. Walls are normal in thickness & regular. Lumen is echofree. CBD is not dilated. No peri-cholecystic collection.

**Pancreas** is normal in size. Margins are regular. Parenchyma shows normal echotexture. Pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

**Spleen** is normal in position and size (87mm). Margins are regular with uniform parenchymal echogenicity.

**Kidneys** : Both kidneys are normal in position and size. Margins are regular. Parenchymal thickness is adequate with normal cortical echogenicities. No evidence of backpressure changes seen in the pelvicalyceal system. Both ureters are not dilated. **Shows a simple cyst measuring 12 x 9mm at upper pole of left kidney.**

No significant abdominal lymphadenopathy seen.

**Urinary bladder** is normal in position and shape. Walls are regular. Perivesical fat planes are intact.

**Prostate** is normal in size (vol- 24cc). Capsule is intact. Peri-prostatic planes are maintained. Seminal vesicles are normally visualized.

No free fluid in peritoneal cavity.

## IMPRESSION

❖ **Grade I fatty changes of liver.**

\*\*\* End of Report \*\*\*



*Faj*

**DR FARHAT HANSARI**

CONSULTANT RADIOLOGIST  
MD - RADIODIAGNOSIS, JINMCH, AMU

- CT Scan (96 Slice)
- 4D Ultrasound
- Color Doppler
- 2D Echo
- Splinometry
- Digital X-Ray
- Serology
- Biochemistry
- Cytology
- Histopathology
- Microbiology
- Video Bronchoscopy
- Semen Wash For IUI
- Complete Hematology
- PCR For Covid-19 (Truenat)





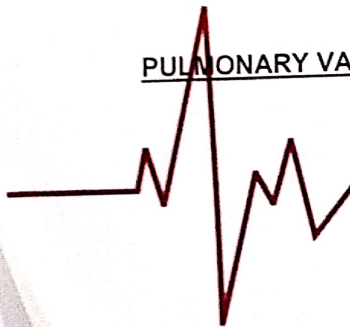
<b>NAME</b>	Mr. NARESH PAL VERMA	<b>AGE/SEX</b>	36 Y/M
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	23/03/2024

**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)	2.5 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	2.3 cm	( 2.2 –3.7 cm)
LA	3.1 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

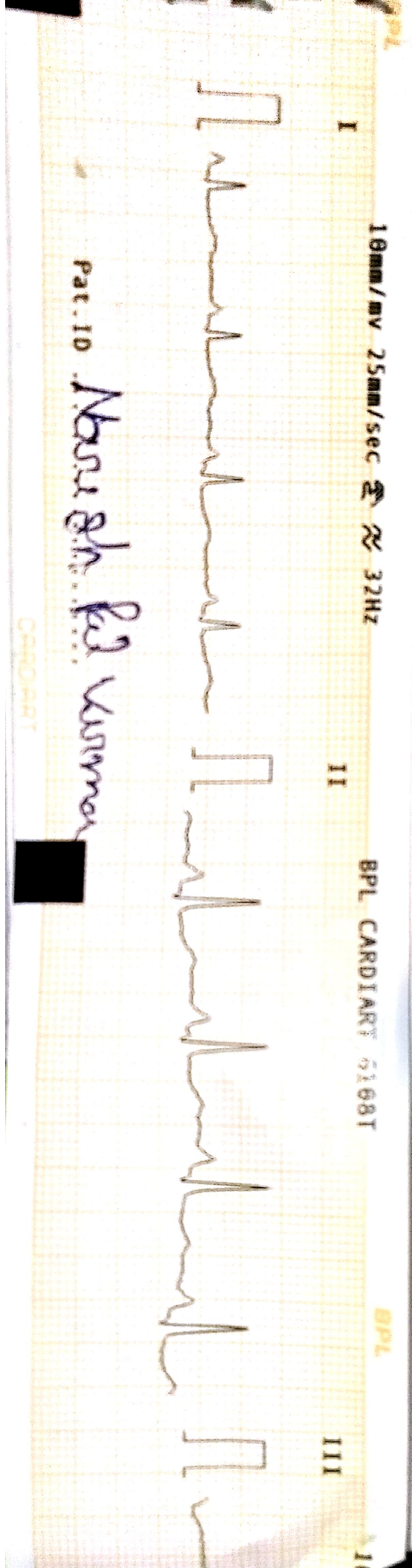
**FINAL IMPRESSION**

- 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.







<b>NAME</b>	Mrs. SEEMA DEVI	<b>AGE/SEX</b>	35 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	23/03/2024

**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	2.2 cm	( 2.2 –3.7 cm)
LA	2.9 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

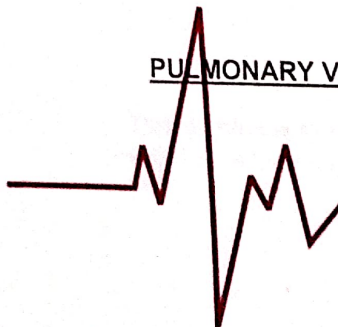
**MITRAL VALVE** : Thin, PML moves posteriorly during Diastole  
 No SAM, No Subvalvular pathology seen.  
 No mitral valve prolapse calcification .

**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.

10mm/mv 25mm/sec 32Hz

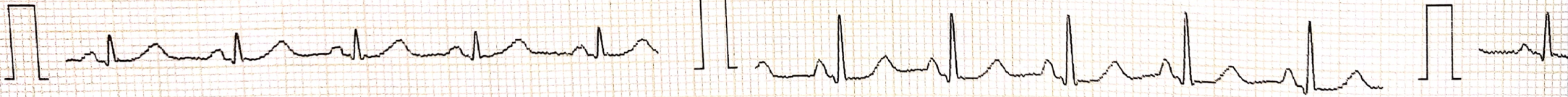
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10

I

II

III



Seema

23/03/2024

Pat. ID

CARDIART

CARDIART



# 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. : 156  
NAME : **Mr. NARESH PAL VERMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 36 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	16.6	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	7,400	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	37	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	5.12	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	42.3	%	35-54
M C V	82.3	fL	76-96
M C H	31.2	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.65	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
<b>BLOOD GROUP</b>			
Blood Group	O		
Rh	POSITIVE		



Reg.NO. : 156  
NAME : **Mr. NARESH PAL VERMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 36 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.7		

**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.	80	mg/dl	60-100
BLOOD UREA NITROGEN	17	mg/dL.	5 - 25
URIC ACID	7.2	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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Reg.NO. : 156  
 NAME : **Mr. NARESH PAL VERMA**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **23/03/2024**  
 AGE : 36 Yrs.  
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.6	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	3.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.24		0.0-2.0
SGOT	40	IU/L	0-40
SGPT	32	IU/L	0-40
SERUM ALK.PHOSPHATASE	69	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.

Reg.NO. : 156  
 NAME : **Mr. NARESH PAL VERMA**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **23/03/2024**  
 AGE : 36 Yrs.  
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>216</b>	mg/dL,	130 - 200
SERUM TRIGLYCERIDE	<b>171</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	47	mg/dL.	30-70
VLDL CHOLESTEROL	34.2	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>134.80</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	<b>4.60</b>	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.87	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)	25	U/L	7-32
BLOOD SUGAR P.P.	140	mg/dl	80-160

**URINE EXAMINATION**



Reg.NO. : 156  
 NAME : **Mr. NARESH PAL VERMA**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **23/03/2024**  
 AGE : 36 Yrs.  
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<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		
Casts	Nil		NIL
DEPOSITS	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

**A Venture of Apple Cardiac Care**

A-3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel : 075990031977, 09456282848



Reg. NO : 156  
NAME : **Mr. NARESH PAL VERMA**  
REFERRED BY : Dr. Nitesh Agarwal (D.M.)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 36 Yrs  
SEX : MALE

**TEST NAME**

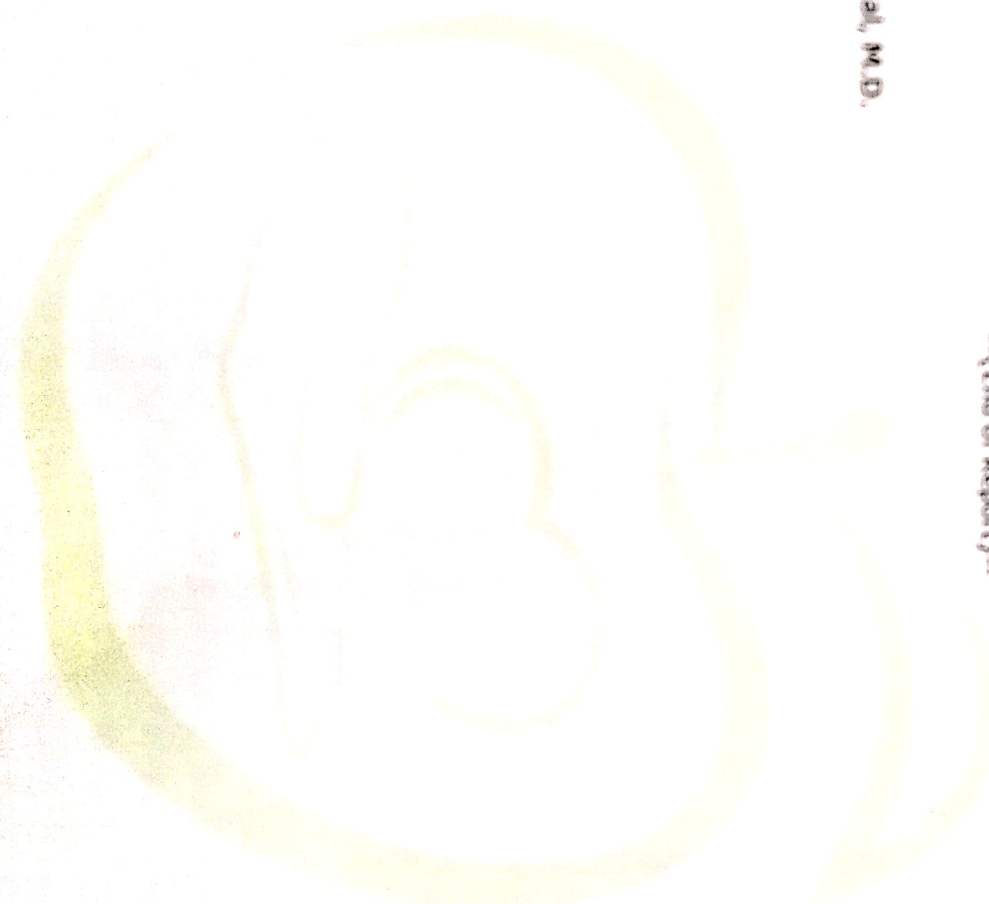
**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANG**

---(End of Report)---

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



**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. : 157  
NAME : **Mrs. SEEMA DEVI**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 34 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.9	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,500	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.14	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	41.2	%	35-54
M C V	80.1	fL	76-96
M C H	29.3	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.80	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00- 20
<b>BLOOD GROUP</b>			
Blood Group	AB		
Rh	POSITIVE		

**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. : 157  
NAME : **Mrs. SEEMA DEVI**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 34 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.6		

**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.	75	mg/dl	60-100
BLOOD UREA NITROGEN	14	mg/dL.	5 - 25
URIC ACID	6.0	mg/dl	3.0-6.0

**CLINICAL SIGNIFICANCE:**

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

SERUM CREATININE	0.6	mg/dL.	0.5-1.4
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Reg.NO. : 157  
 NAME : Mrs. SEEMA DEVI  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : 23/03/2024  
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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<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	7.1	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	3.1	Gm/dL	2.3 - 3.5
A : G Ratio	1.29		0.0-2.0
SGOT	27	IU/L	0-40
SGPT	22	IU/L	0-40
SERUM ALK.PHOSPHATASE	71	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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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	246	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	132	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	26.4	mg/dL.	15 - 40
LDL CHOLESTEROL	170.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	5.02	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	3.48	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)	29	U/L	11-50
BLOOD SUGAR P.P.	118	mg/dl	80-160

**URINE EXAMINATION**



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<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	2-3	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

APPLE CARDIAC CARE  
 EKTA NAGER STADIUM ROAD BAREILLY

