

नाम **MAYANK NIGAM**
Name

कर्मचारी कूट क्र **116766**
E. C. No.

जारीकर्ता प्राधिकारी (उप.क्षे.प्र.)
Issuing Authority (D.R.M.)

धारक के हस्ताक्षर
Signature of Holder

Handwritten signature in blue ink

Mayank Nigam 261M

PatientID 0006

ExamID 3470

NAME

Date 07/22/2022

Time 11:51

ExamTime 65:55

(VD = 13.75 mm)

Ref^m

MANIFEST

SPH CYL AXS

<R> 0.00 -0.25 39

<L> 0.00 -0.75 135

<FAR VA>

R R+L L

RM DATA

SPH CYL AXS

<R> -0.25 -0.50 39

<L> +0.50 -1.25 135

<FAR VA>

R R+L L

FAR PD = 63.0 mm

TOPCON CV-5000

Mayank Nigam 26/11

22/07/22

D 11/4 $\left\{ \begin{array}{l} 6/6 P \\ 6/12 \end{array} \right.$ -0.25 DC 39 — 6/6
-0.75 DC 135 — 6/6

NVA $\left\{ \begin{array}{l} 6 \\ 6 \end{array} \right.$

Colour vision (NI)

APPLE CARDIAC CARE, BAREILLY

saote MyLab

22 JUL 2022 05:56pm

B F P G 46% CFM F 2.5 MHz G 40%
 TEI D 19 CM XV C PRF 4.2kHz
 PRC 6-5-H PRS 2 PRC 2-L-H PRS 3
 PST 1 WF M

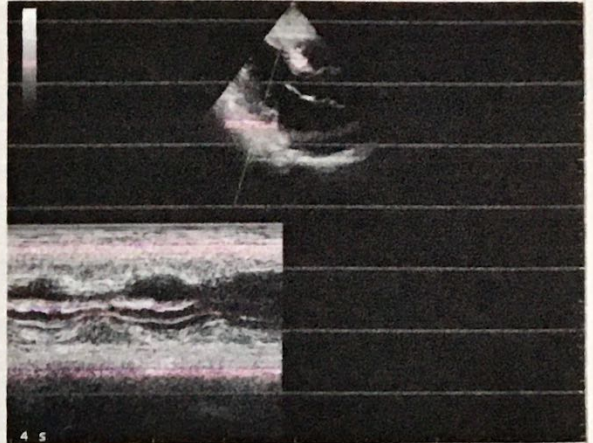
NEWCARD PA230



22 JUL 2022 05:56pm

B F P G 46%
 TEI D 19 CM XV C M G 46%
 PRC 6-5-H PRS A
 PST 1 PRC 7-3
 PST 2

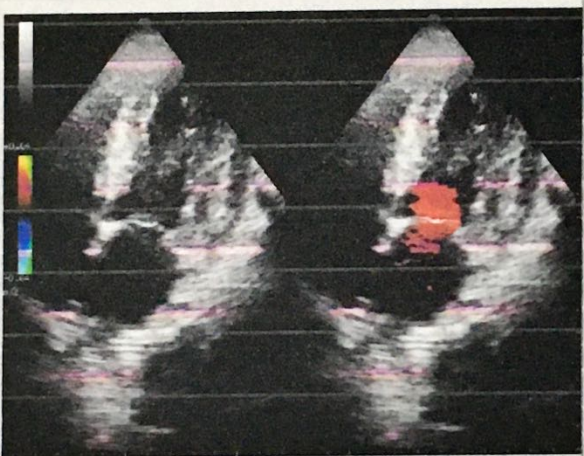
NEWCARD PA230



22 JUL 2022 05:56pm

B F P G 49% CFM F 2.5 MHz G 40%
 TEI D 19 CM XV C PRF 4.2kHz
 PRC 6-5-H PRS 2 PRC 2-L-H PRS 3
 PST 1 WF M

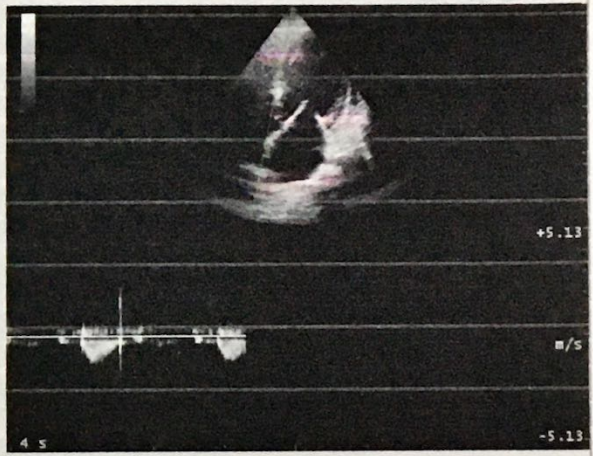
NEWCARD PA230



22 JUL 2022 05:56pm

B F P G 49% CW F 2.5 MHz G 76%
 TEI D 19 CM XV C PRF -
 PRC 6-5-L PRS A PRC 6-1
 PST 1 PRC 6-1
 PST 2 WF 600 Hz

NEWCARD PA230



22 JUL 2022 05:56pm

B F P G 52%
 TEI D 19 CM XV C PRF -
 PRC 6-5-L PRS A PRC 6-1
 PST 1 PRC 6-1
 PST 2 WF 300 Hz

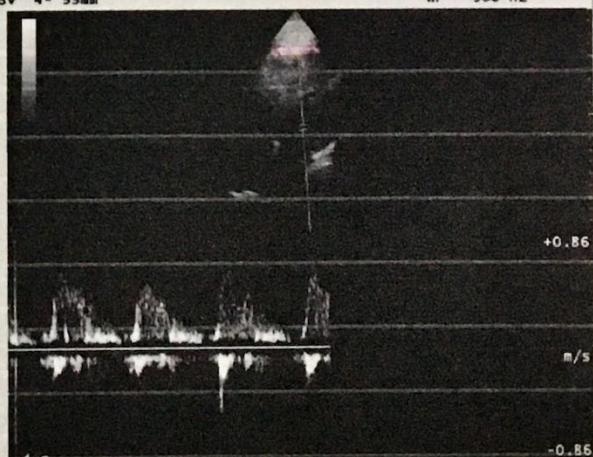
NEWCARD PA230



22 JUL 2022 05:56pm

B F P G 52% PW F 2.5 MHz G 64%
 TEI D 19 CM XV C PRF 5.6kHz
 PRC 6-5-L PRS A PRC 6-1
 PST 1 PRC 6-1
 PST 2 WF 300 Hz
 SV 4-99ml

NEWCARD PA230



NAME	Mr. MAYANK NIGAM	AGE/SEX	26 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	22/07/2022

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	2.5 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 %)

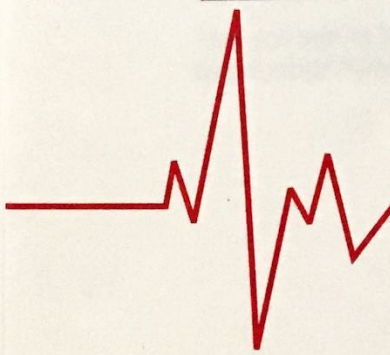
LEFT VENTRICLE : No regional wall motion abnormality
 No concentric left Ventricle Hypertrophy

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
 EF slope is normal.
 Pulmonary Velocity = 0.9 m /sec



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.

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. : 545
NAME : **Mr. MAYANK NIGAM**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/07/2022**
AGE : 28 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	13.4	gm/dl	12.0-18.0
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	4.70	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	43.7	%	35-54
M C V	93.0	fL	76-96
M C H	28.5	pg	27.00-32.00
M C H C	30.7	g/dl	30.50-34.50
PLATELET COUNT	2.26	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	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

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BLOOD SUGAR F.	90	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	21	U/L	

NORMAL RANGE:

MALE: 7-32

FEMALE: 11-50

COMMENT:

Gama glutamyl Transferase (GGT) is an enzyme found mainly in serum from hepatic origin, though the highest levels are in the kidneys. Elevated levels are found in hepatobiliary and pancreatic diseases, Chronic alcoholism, myocardial infarction with secondary liver damage, and diabetics.

BLOOD UREA	26	mg/dL.	10-40
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* 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	1.0	mg/dL.	0.5-1.4
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CLINICAL SIGNIFICANCE : The amount of creatinine produced is fairly constant (Unlike urea) and it is removed from plasma by glomerular filtration and then excreted in urine without appreciable resorption by tubules. Therefore Creatinine is an useful indicator of renal function.

* Elevated creatinine level in serum is usually associated with various renal disases.

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URIC ACID	8.7	mg/dl	0-8

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	142	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	5.4	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.4	mg/dl	8.5 - 10.5

LIVER PROFILE

SERUM BILIRUBIN			
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
SERUM PROTEINS			
Total Proteins	6.5	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.3	Gm/dL	2.3 - 3.5
A : G Ratio	1.83		0.0-2.0
SGOT	53	IU/L	0-40
SGPT	64	IU/L	0-40
SERUM ALK.PHOSPHATASE	75	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	168	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	157	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	31.4	mg/dL.	15 - 40
LDL CHOLESTEROL	87.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.43	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.79	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.

HAEMATOLOGY

BLOOD GROUP

Blood Group

O

Rh

POSITIVE

URINE EXAMINATION

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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URINE EXAMINATION**URINE EXAMINATION REPORT****PHYSICAL EXAMINATION**

Volume	25	ml	
Colour	Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		

BIOCHEMICAL EXAMINATION

UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		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.	
Bacteria	NIL		
Other	NIL		
URINE SUGAR PP	107		NIL

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SAMPLE : BLOOD

DATE : **22/07/2022**
AGE : 28 Yrs.
SEX : MALE

TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

Shweta

--{End of Report}--

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





Patient ID 10227949
Name Mr. MAYANK NIGAM
Sex/Age Male 26 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 22/07/2022 10:38:29
Reported On 22/07/2022 11:24:26

USG WHOLE ABDOMEN

Liver - is borderline enlarged with diffuse fatty changes obscuring visualization of posterior region. No IHBRD / focal SOL is seen. 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. A 10mm benign cortical cyst is seen at lower pole of right kidney. 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.

Prostate - Size is normal, parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.


IMPRESSION:

- DIFFUSE FATTY CHANGES IN LIVER.
- RIGHT RENAL BENIGN CORTICAL CYST.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***




DR KAMAL NAYAN GANGEY
DNB RADIOAIGNOSIS

Page No. 1 of 1





ALPHA
DIAGNOSTICS

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



Patient ID 10227950
Name Mr. MAYANK NIGAM
Sex/Age Male 26 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 22/07/2022 10:40:33
Reported On 22/07/2022 11:17:21

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.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



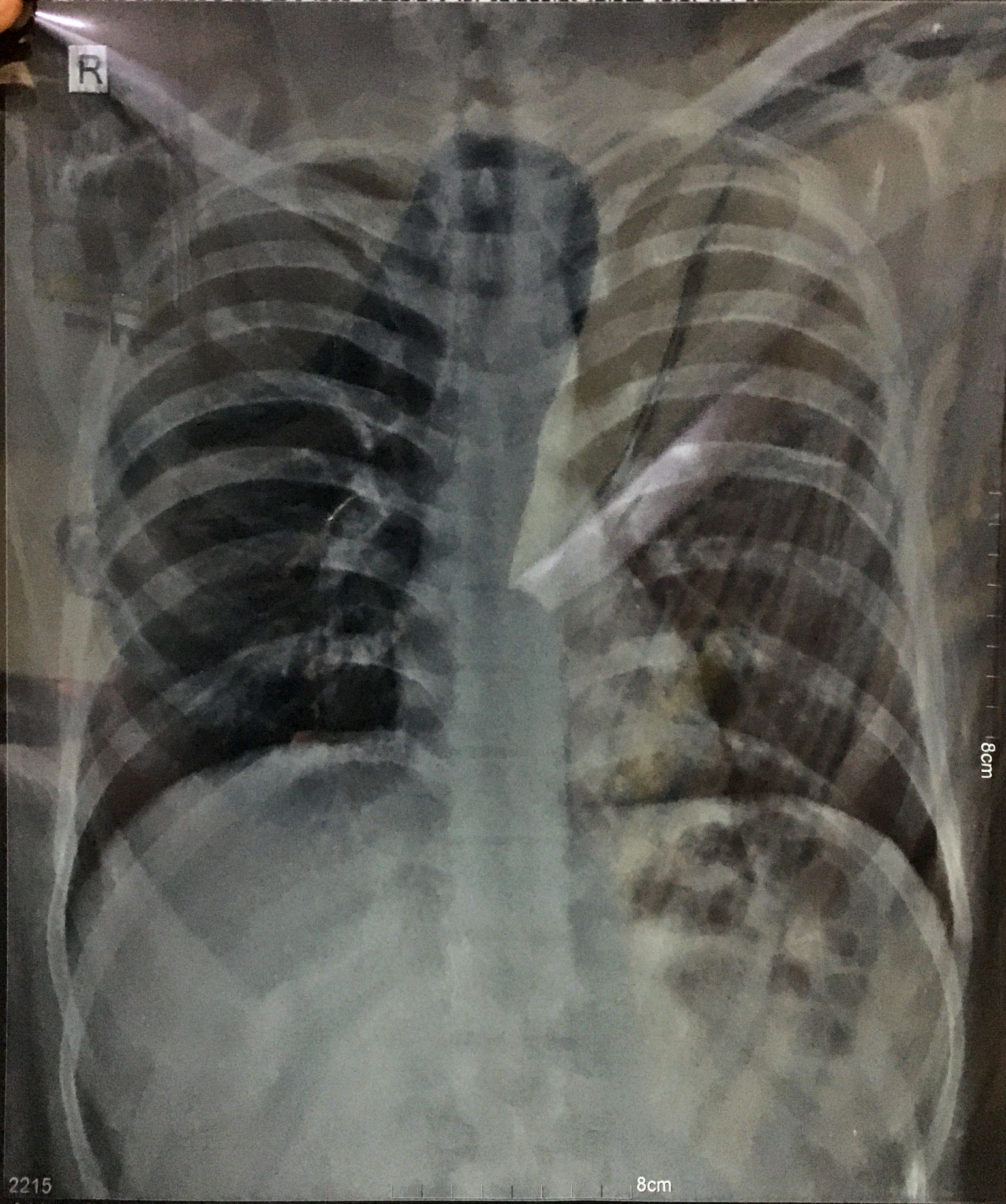
DR KAMAL NAYAN GANGEY
DNB RADIOAIGNOSIS

Page No. 1 of 1



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

R



8cm

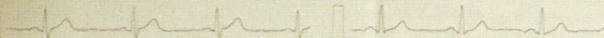
2215

8cm

10mm/mV 25mm/sec 25Hz

BPL CARDIART 610BT

II



Pat. ID *Mayank Nigam* 22/7/22

10mm/mV 25mm/sec 25Hz

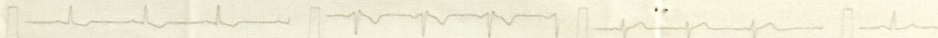
BPL CARDIART 610BT

III

aVR

aVL

aVF



Pat. ID

Pat. ID



Dr. Nitin Agarwal
DM (CARDIOLOGY)

NO ADMISSION WITHOUT
PERMISSION
बिना आज्ञा के प्रवेश न करें।
BEFORE ENTERING
SWITCHED OFF OR SILENCE
YOUR CELL PHONE
अंदर आने से पहले अपना
फोन बंद या साइलेंट करें।

