





॥ ॐ गणेशाय नमः ॥

# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**

MBBS (KGMC), 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

MRS. BHAVNA  
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  
RADIODIAGNOSIS

Dr. Nithin Agarwal

MD, DM (Cardiology)  
Consultant Interventional Cardiologist  
Cell : 91-94578 3377

Frequently at:

Escorts Heart Institute & Research Centre, Delhi  
Dr. Ram Manohar Lohia Hospital, Delhi



ADMISSION

11/1/20

x

110/60

62'

88/72

T - Light 2500

0 — 2

T - Umbilical 1050

0 — 2

T - Femur 1050

—

0

10000



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

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.

पर्चा पांच दिन के लिये मान्य





# 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 : paramribly@gmail.com

## REPORT

**4D / 5D ULTRASOUND**

**COLOR DOPPLER**

**TVS/ TRUS**

**MUSCULOSKELETAL USG**

Date : 11.03.2023  
Name : BHAWNA 30Y/F  
Ref.By : APPLE CARDIAC CARE

### ULTRASOUND WHOLE ABDOMEN

**LIVER** - Liver is enlarged in size ~ 16.5cm and normal outline. It shows increased echogenicity. No obvious focal pathology is seen. The intra hepatic biliary radicals are not dilated. PV -5.0 mm

**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. 2-3mm concretion is seen at mid pole of left kidney. No evidence of calculi is seen on right side. 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.

**Uterus** - Uterus is anteverted and normal in size. The myometrial and endometrial echoes are normal. The endometrial thickness measures 7mm. No focal lesion is seen.

**Both ovaries** are normal in size and shows uniform parenchymal echogenicity and smooth outlines. No evidence of cyst or mass is seen.

*No evidence of ascites /pleural effusion/adenopathy is seen. Bowel loops are not dilated. Bilateral iliac fossa appears normal.*

#### IMPRESSION:

- ❖ Left renal concretion.
- ❖ Hepatomegaly with grade I fatty changes.

Adv clinical correlation.

**Dr. Puja Tripathi**

M.B.B.S., M.D.  
MBBS, MD (Radiodiagnosis, SGPGI)



Voluson™  
E6

C1-5-D/ABD MI 1.3  
15.5cm / 1.1 / 26Hz TIs 0.7

PARAS MRI & ULTRASOUND CENT  
11.03.2023 12:15:03 PM

Abdomen 1  
Har-mid  
100G  
Gn -12  
C6 / M8  
FF2 / E2  
SRI II 0 / CRI 2

Voluson  
E6

Voluson  
E6

Voluson™  
E6

C1-5-D/ABD MI 1.2  
20.8cm / 1.1 / 20Hz TIs 0.9

PARAS MRI & ULTRASOUND CENT  
11.03.2023 12:13:18 PM

Abdomen 1  
Har-mid  
100G  
Gn 0  
C6 / M8  
FF2 / E2  
SRI II 0 / CRI 2

Voluson  
E6

Voluson  
E6

1 D 16.54cm

<b>NAME</b>	Mrs. BHAVNA	<b>AGE/SEX</b>	30 Y/F
<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)	4.5 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	3.2 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





**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.

11 MAR 2023 03:50pm

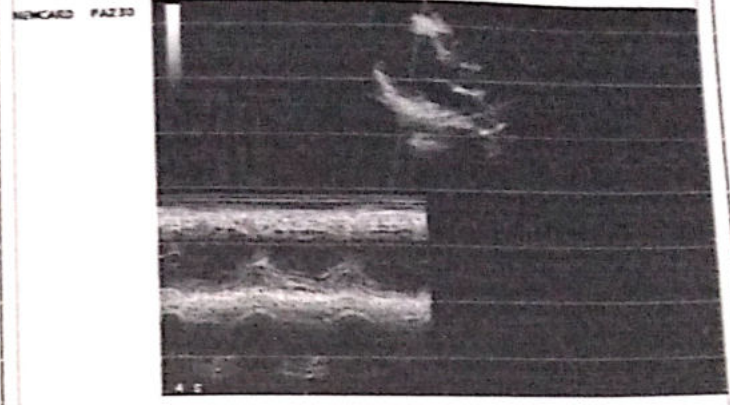
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TEI D 19 CM XV C  
PRC 6-5-L PRS A  
PST 1



11 MAR 2023 03:50pm

B F P G 46K  
TEI D 19 CM XV C  
PRC 6-5-R PRS A  
PST 1

M G 46K  
PRC 7-3  
PST 2



11 MAR 2023 03:50pm

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



11 MAR 2023 03:50pm

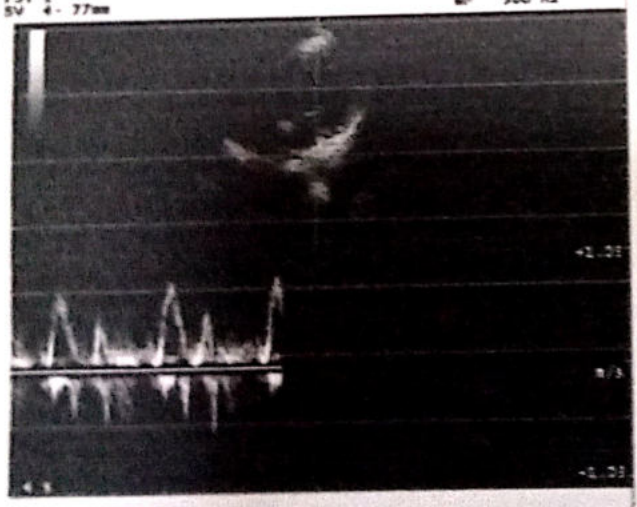
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TEI D 19 CM XV C PRF 4.2kHz  
PRC 6-5-R PRS 2 PRC 2-L-R PRS 3  
PST 1 MF H



11 MAR 2023 03:50pm

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TEI D 19 CM XV C  
PRC 6-5-L PRS A  
PST 1  
SV 4-77mm

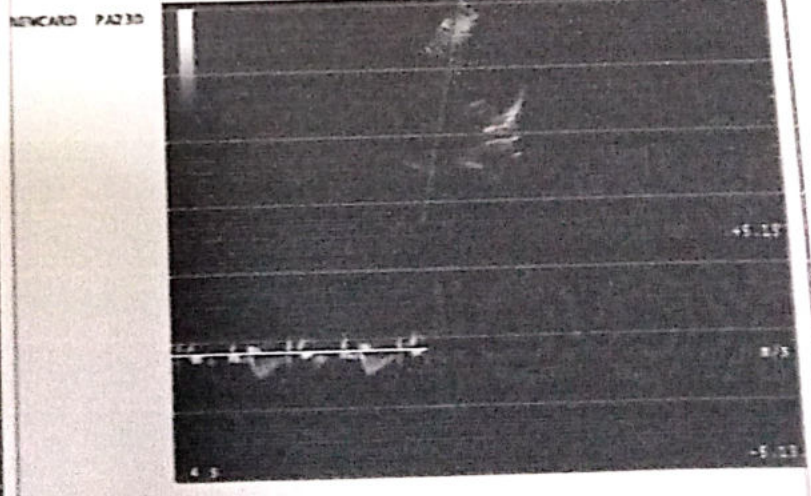
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PRF 6.7kHz  
PRC 6-1  
PST 2  
MF 300 Kz



11 MAR 2023 03:50pm

B F P G 49K  
TEI D 19 CM XV C  
PRC 6-5-L PRS A  
PST 1

CM F 2.5 MHz G 75K  
PRC 6-1  
PST 2  
MF 600 Kz





## 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. : 110  
NAME : Mrs. BHAVNA  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 11/03/2023  
AGE : 30 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	11.8	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	8,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	02	%	01-08
Monocytes	00	%	01-06
Basophils	00	%	00-02
TOTAL R.B.C. COUNT	3.99	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	37.9	%	35-54
M C V	95.0	fL	76-96
M C H	29.6	pg	27.00-32.00
M C H C	31.1	g/dl	30.50-34.50
PLATELET COUNT	2.00	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00- 20
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	99	mg/dl	60-100
<b>HAEMATOLOGY</b>			

**Report is not valid for medicolegal purpose**

**Venture of Apple Cardiac Care**

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AGE : 30 Yrs.  
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN	6.0		

**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**

Gamma Glutamyl Transferase (GGT) 35 U/L 11-50

**HAEMATOLOGY**

**BLOOD GROUP**

Blood Group AB+  
Rh POSITIVE

**BIOCHEMISTRY**

**Report is not valid for medicolegal purpose**



**Venture of Apple Cardiac Care**

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**APPLE**  
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 NAME : **Mrs. BHAVNA**  
 REFERRED BY : Dr. Nitin Agarwal (D.M.)  
 SAMPLE : BLOOD

DATE : **11/03/2023**  
 AGE : 30 Yrs.  
 SEX : FEMALE

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
BLOOD UREA	29	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	0.9	mg/dL.	0.5-1.4
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URIC ACID	6.3	mg/dl	3.0-6.0
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**CLINICAL SIGNIFICANCE:**

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

SERUM SODIUM (Na)	139	m Eq/litre.	135 - 155
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5

**Report is not valid for medicolegal purpose**

**Enterprise of Apple Cardiac Care**

3, Ekta Nagar, Stadium Road,  
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**APPLE**  
**PATHOLOGY**  
 TRUSTED RESULT

Reg.NO. : 110  
 NAME : **Mrs. BHAVNA**  
 REFERRED BY : Dr.Nitin Agarwai (D M)  
 SAMPLE : BLOOD

DATE : **11/03/2023**  
 AGE : 30 Yrs.  
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	6.8	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.8	Gm/dL	2.3 - 3.5
A : G Ratio	1.43		0.0-2.0
SGOT	27	IU/L	0-40
SGPT	20	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.

**Report is not valid for medicolegal purpose**



## Adventure of Apple Cardiac Care

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SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	138	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	80	mg/dl.	30 - 160
HDL CHOLESTEROL	43	mg/dL.	30-70
VLDL CHOLESTEROL	16	mg/dL.	15 - 40
LDL CHOLESTEROL	79	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.21	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.84	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

**Report is not valid for medicolegal purpose**

Lab. Timings : 9.00 a.m. to 8.00 p.m. Sunday : 10.00 a.m. to 2.00 p.m.  
Home Sample Collection Facility Available

Reg.NO. : 110  
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 REFERRED BY : Dr.Nitin Agarwal (D.M)  
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DATE : 11/03/2023  
 AGE : 30 Yrs.  
 SEX : FEMALE

<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		
<b>TRANSPARENCY</b>			
Volume	25	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	70-80	/H.P.F.	
Epithelial Cells	10-12	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

**BIOCHEMISTRY**

**Report is not valid for medicolegal purpose**



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**PATHOLOGY**  
 TRUSTED RESULT



Reg. NO. : 110  
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 SAMPLE : BLOOD  
 DATE : 11/03/2023  
 AGE : 30 Yrs.  
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD SUGAR P.P.	139	mg/dl	80-140

--{End of Report}--

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

10mm/mV 25mm/sec 25Hz

BPL CARDIART 610BT

10mm/mV 25mm/sec 25Hz

BPL CARDIART 610BT

10mm/mV 25mm/sec

I

II

III

aVR

aVL



*Normal*

~~डॉ. निरंजन अग्रवाल  
 (23/11/23)  
 कर्ण प्रमुख, कर्ण  
 कर्ण प्रमुख, कर्ण~~

Pat. ID: Bhowmik

11/3/23

Pat. ID: .....

Pat. ID: .....



mm/sec 25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

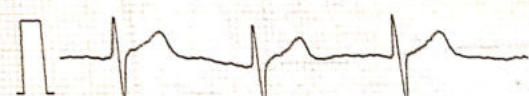
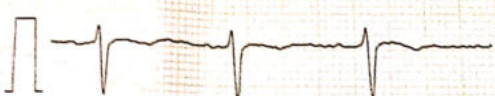
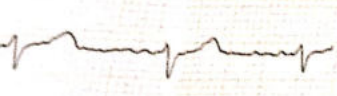
10mm/mV 25mm/sec 25Hz

aVF

V1

V2

V3



Pat. ID.....

Pat. ID.....

