

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



NAME	Mrs. MANJULATA	AGE/SEX	34 Y/F
Ref. By	DR. NITIN AGARWAL (DM)	DATE	15/07/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.6 cm	(3.7 -5.6 cm)
LVID (s)	2.6 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 %)

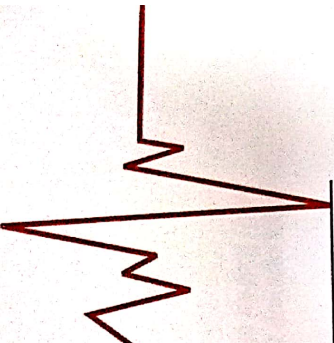
LEFT VENTRICLE : No regional wall motion abnormality
No concentric left Ventricle Hypertrophy

MITRAL VALVE : Trace MR

TRICUSPID VALVE : Thin, opening wells. No calcification, No doming.
No Prolapse.
Tricuspid inflow velocity= 0.7 m/sec

AORTIC VALVE : Trace AR
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 :

- Trace mitral regurgitation
- No tricuspid regurgitation
- Trace aortic regurgitation
- No pulmonary regurgitation

MITRAL FLOW

E= 0.6 m/sec

A= 0.8 m/sec

ON COLOUR FLOW:

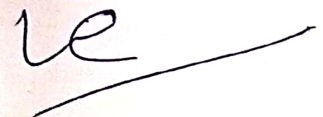
- Trace mitral regurgitation
- No tricuspid regurgitation
- Trace aortic regurgitation
- No pulmonary regurgitation

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
- GRADE I LV DIASTOLIC DYSFUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- TRACE MR, TRACE AR



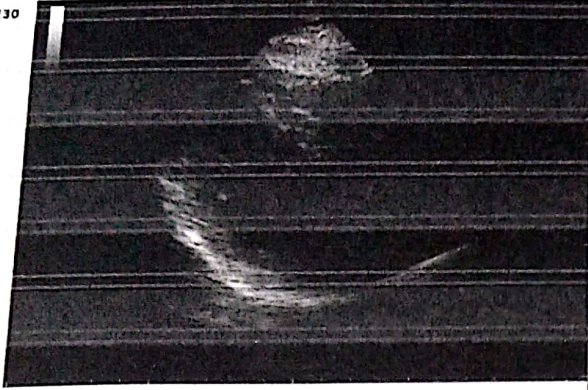
DR.NITIN AGARWAL
DM (Cardiology)
Consultant Cardiologist

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.

15 JUL 2023 02:50pm

B F P G 46%
TEI D 15 CM XV C
PRC 6-5-L PRS A
PST 1

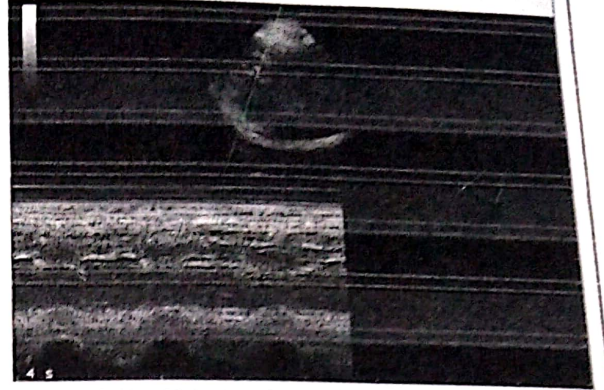
NEWCARD PAZ30



15 JUL 2023 02:50pm

B F P G 46%
TEI D 15 CM XV C
PRC 6-5-H PRS A
PST 1

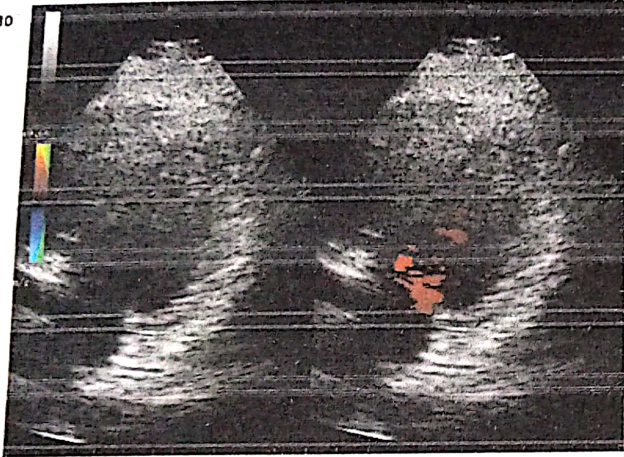
NEWCARD PAZ30



15 JUL 2023 02:50pm

B F P G 49% CFM F 2.5 MHz G 40%
TEI D 15 CM XV C PRF 4.2kHz
PRC 6-5-H PRS 2 PRC 2-L-H PRS 3
PST 1 WF H

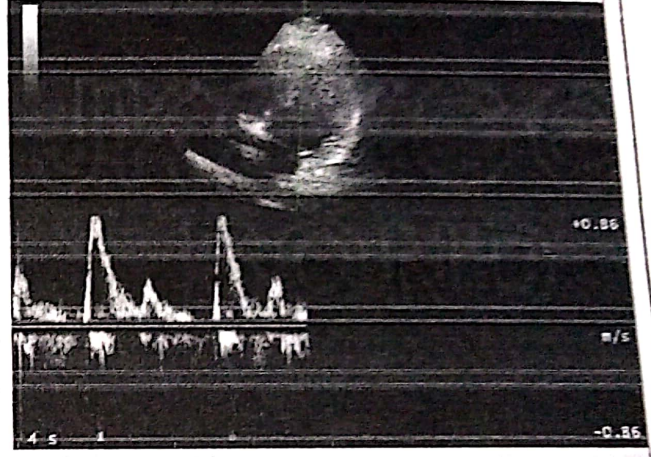
NEWCARD PAZ30



15 JUL 2023 02:50pm

B F P G 49%
TEI D 15 CM XV C
PRC 6-5-L PRS A
PST 1
SV 4-88mm

NEWCARD PAZ30

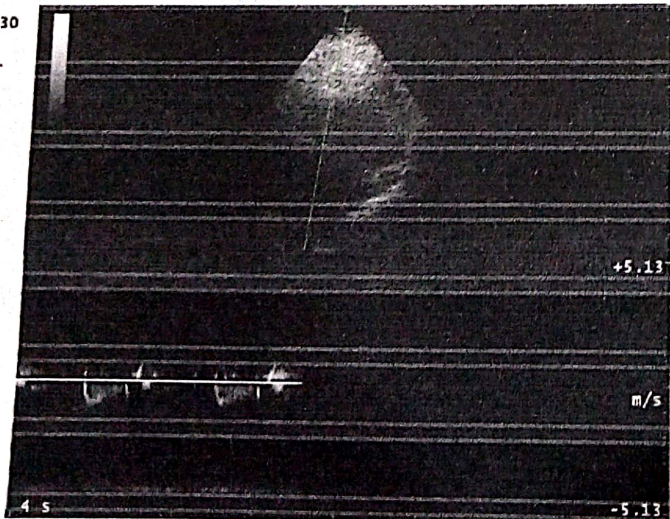


15 JUL 2023 02:50pm

B F P G 49%
TEI D 15 CM XV C
PRC 6-5-L PRS A
PST 1

CW F 2.5 MHz G 76%
PRF -
PRC 6-1
PST 2
WF 600 Hz

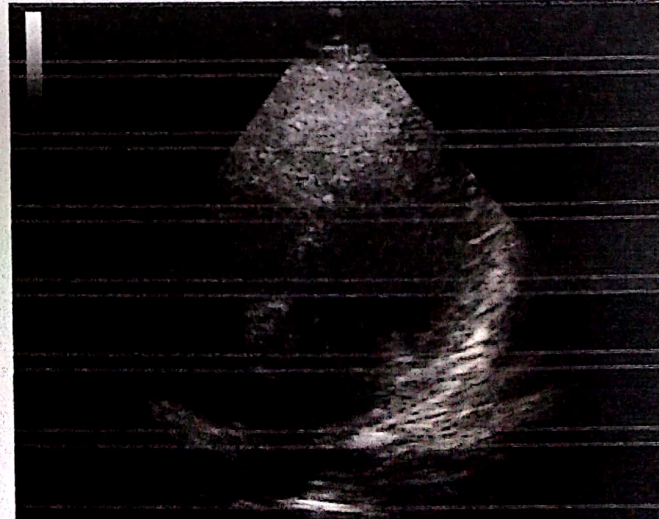
NEWCARD PAZ30



15 JUL 2023 02:50pm

B F P G 52%
TEI D 15 CM XV C
PRC 6-5-L PRS A
PST 1

NEWCARD PAZ30





Patient ID 10233980
Name Mrs. MANJULATA
Sex/Age Female 33 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 15/07/2023 10:40:19
Collected On
Received On
Reported On 15/07/2023 11:44:57
Permanent ID P10100010953

X-RAY CHEST PA VIEW

Small rounded opacity seen in right lung upper zone.

Trachea is central in position.

Bony cage is normal.

Both hila are normal.

No definite evidence of other pleuro pulmonary pathology

Both CP angles are clear.

Cardio - thoracic ratio is within normal limit.

Right diaphragm is elevated.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



Subhajit
DR SUBHAJIT DUTTA

MD RADIODIAGNOSIS
(SMS JAIPUR MEDICAL COLLEGE), DNB
Fellowship In Intervention Radiology





Patient ID 10233979
Name Mrs. MANJULATA
Sex/Age Female 33 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 15/07/2023 10:39:47
Collected On
Received On
Reported On 15/07/2023 11:41:15
Permanent ID P10100010953

USG WHOLE ABDOMEN

Liver - is enlarged in size (15 cm). Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatis - normal

Gall bladder - Not visualized (Post operated). CBD appears normal-4 mm.

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. 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.

Uterus - is anteverted and normal in size (7.5 x 5.6 x 4.4 cm) and shape. **Myometrium appears to be heterogenous.** No definite evidence of myoma is seen. Central endometrium echo complex is normal. ET: - 5 mm.

B/L ovary/ adnexa - normal in size.

No definite evidence of fluid is seen in pouch of Douglas.

IMPRESSION:

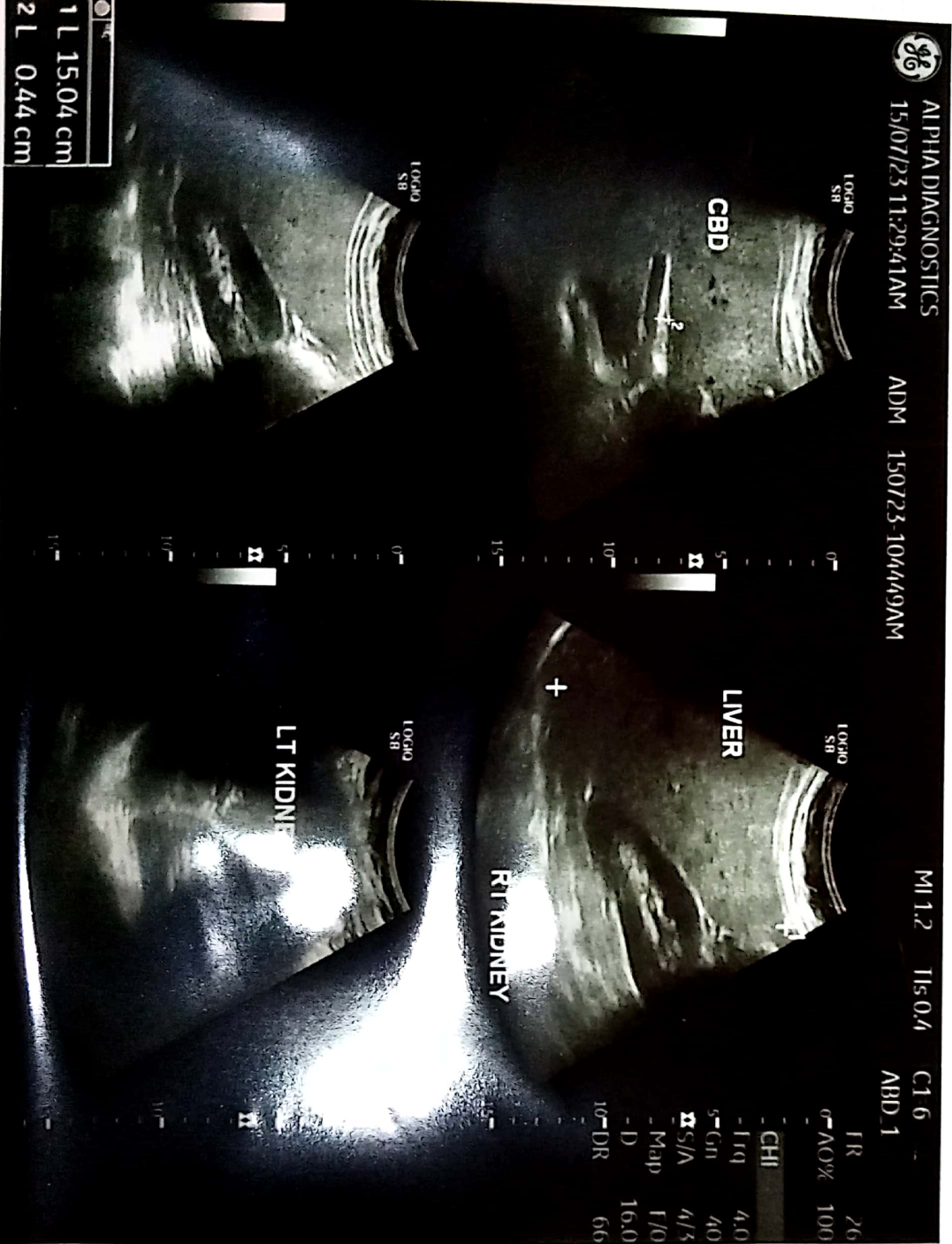
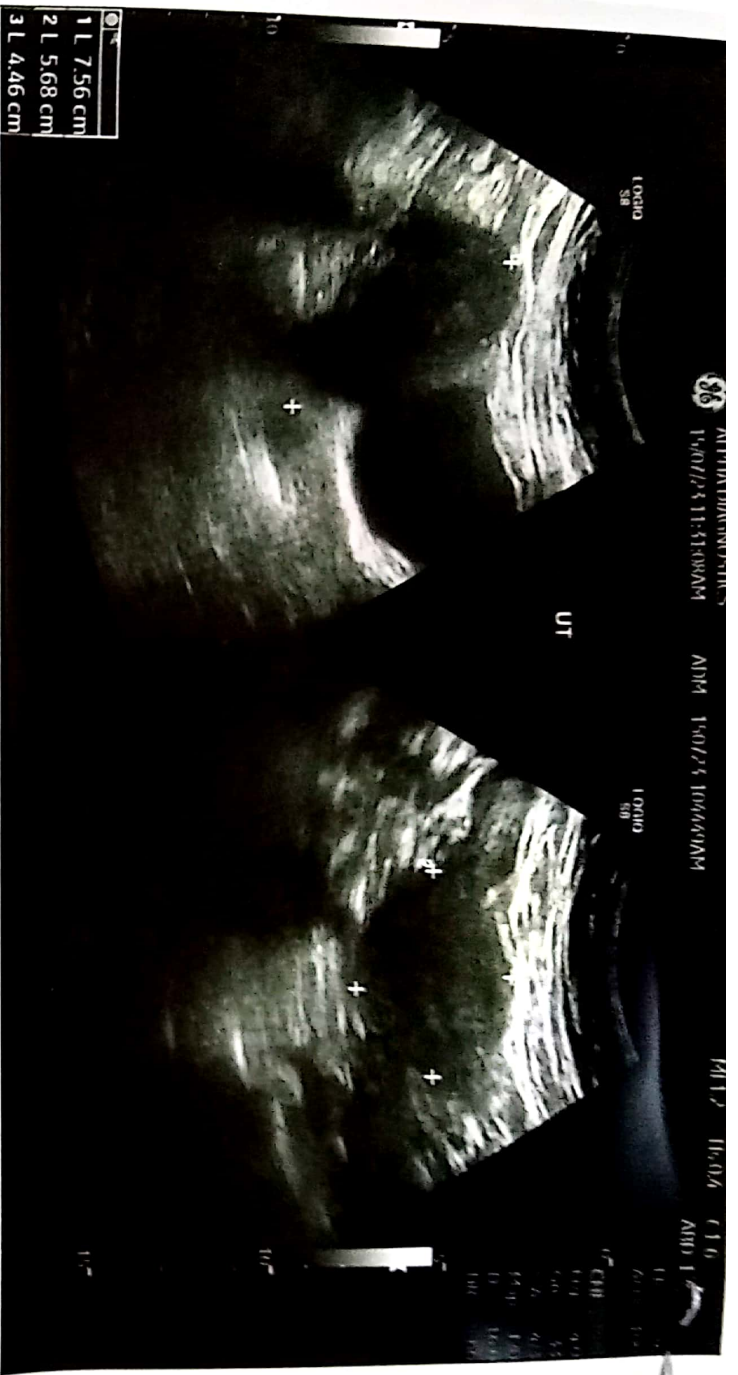
- ∞ Hepatomegaly with Grade II fatty changes of liver.
- ∞ Mild heterogenous myometrium.

ADV - PLEASE CORRELATE CLINICALLY.

DR SUBHAJIT DUTTA

MD RADIODIAGNOSIS
(SMS JAIPUR MEDICAL COLLEGE), DNB
Fellowship In Intervention Radiology





A Venture of Apple Cardiac Care

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APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 870
NAME : **Mrs. MANJU LATA**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **15/07/2023**
AGE : 33 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.5	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	8,200	/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	4.44	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	38.4	%	35-54
M C V	86.5	fL	76-96
M C H	25.9	pg	27.00-32.00
M C H C	29.9	g/dl	30.50-34.50
PLATELET COUNT	1.70	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00- 20
BLOOD GROUP			
Blood Group	O		
Rh	POSITIVE		



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN	5.4		

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)	26	U/L	11-50
BLOOD SUGAR F.	85	mg/dl	60-100
BLOOD UREA NITROGEN	16	mg/dL	5 - 25
URIC ACID	6.5	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

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

SERUM CREATININE	0.7	mg/dL	0.5-1.4
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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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	6.7	Gm/dL	6.4 - 8.3
Albumin	4.3	Gm/dL	3.5 - 5.5
Globulin	2.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.79		0.0-2.0
SGOT	40	IU/L	0-40
SGPT	38	IU/L	0-40
SERUM ALK.PHOSPHATASE	89	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	171	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	204	mg/dl.	30 - 160
HDL CHOLESTEROL	47	mg/dL.	30-70
VLDL CHOLESTEROL	40.8	mg/dL.	15 - 40
LDL CHOLESTEROL	83.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.64	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.77	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.

BLOOD SUGAR P.P. 110 mg/dl 80-160

URINE EXAMINATION



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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	25	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.015		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	1-2	/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}--

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

