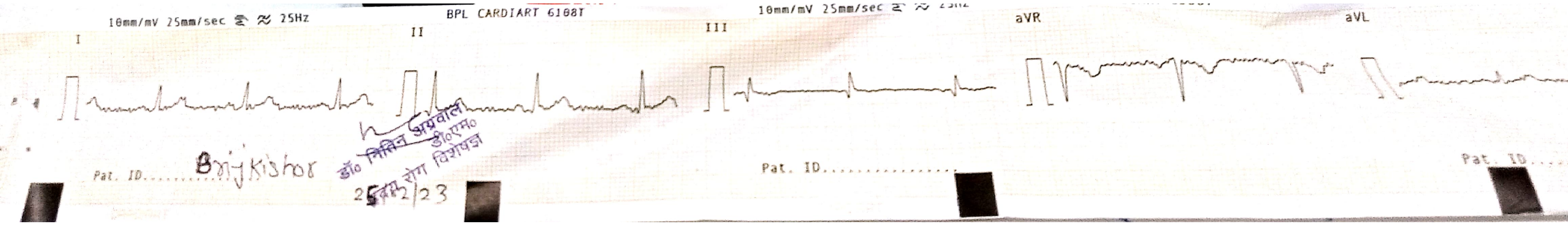

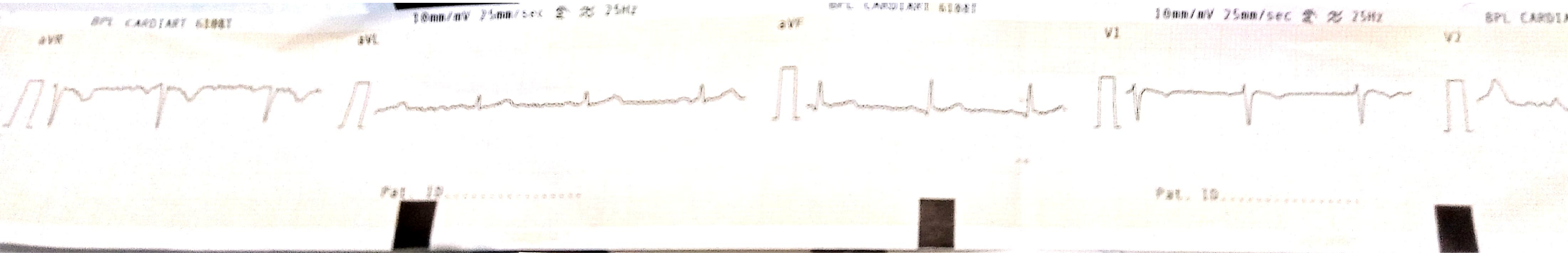
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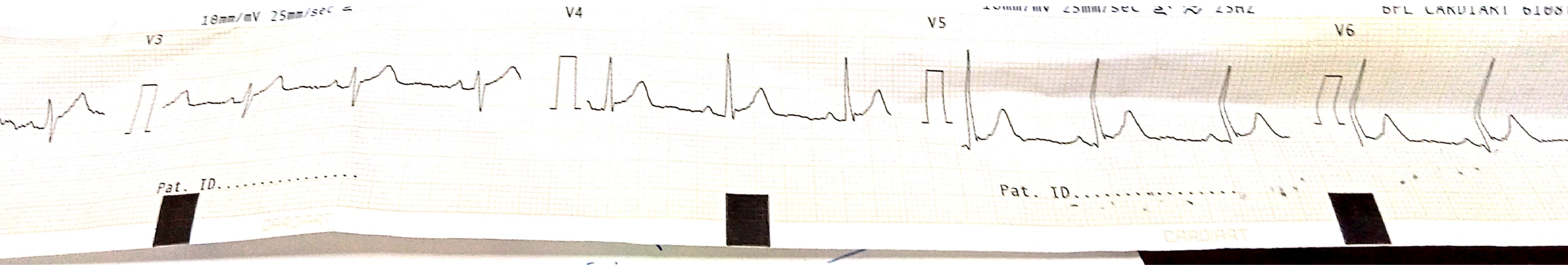
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Pat. ID.....

Dr. Nitin Agarwal
MD., DM (Cardiology)
Consultant Interventional Cardiologist
Cell : +91-94578 33777
Formerly at :
Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi

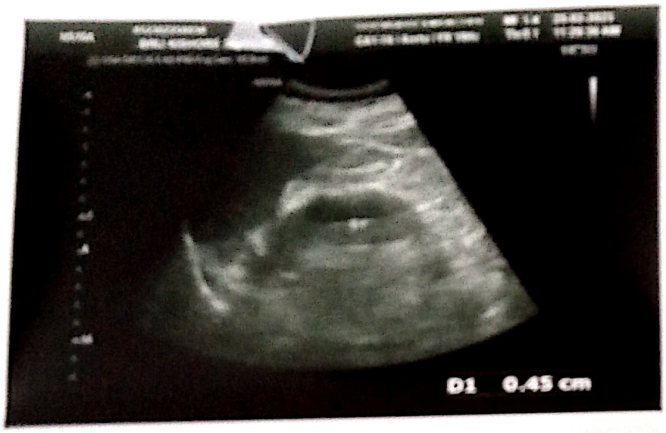
APPLE CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC

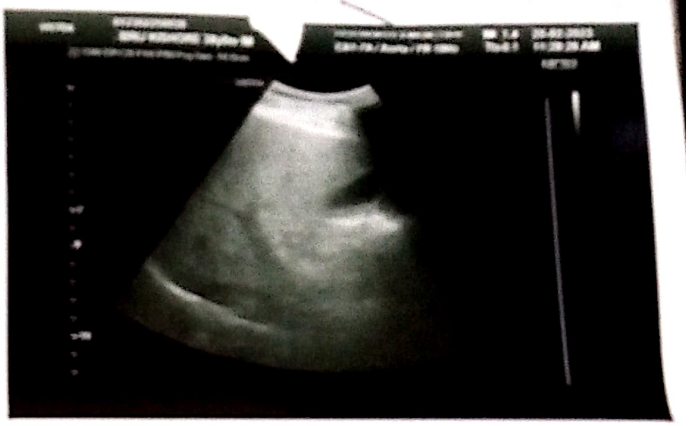
A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

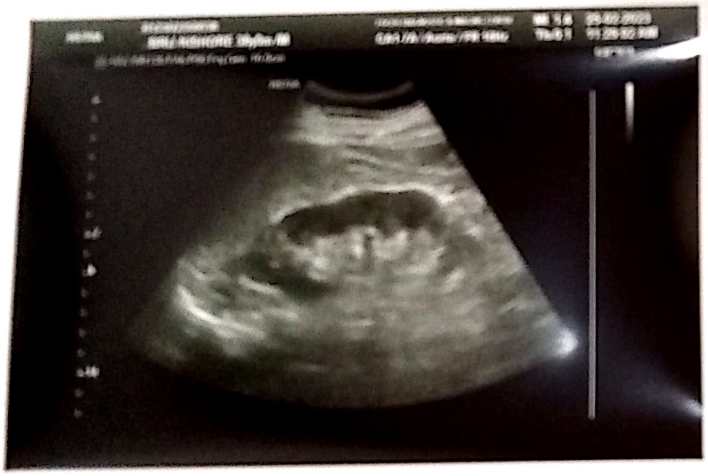
OPD Timings : 12.00 Noon to 04.00 pm, **Sunday :** 12.00 Noon to 3.00 pm

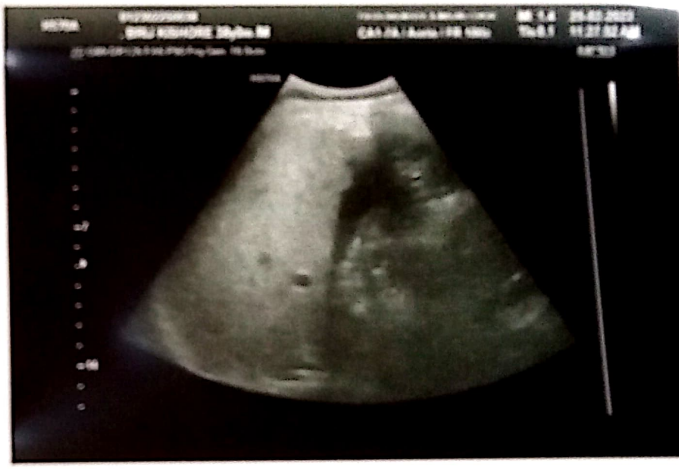
नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977

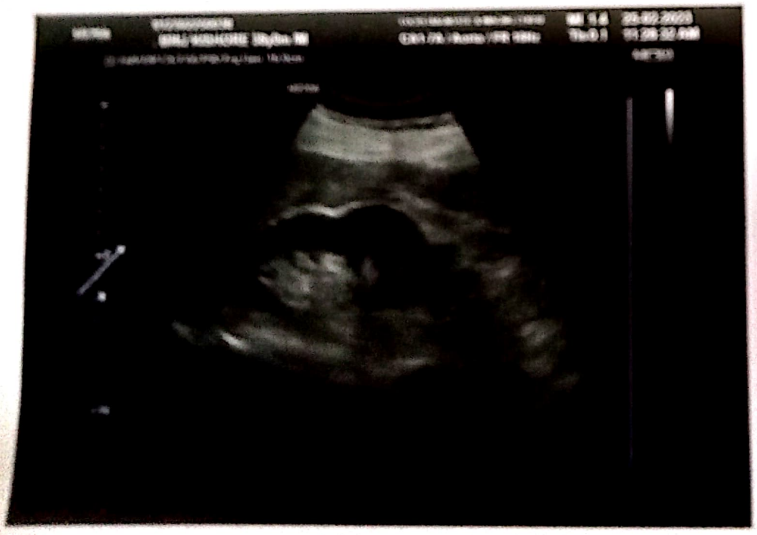
VALID FOR 5 DAYS. पर्चा पाँच दिन के लिये मान्य

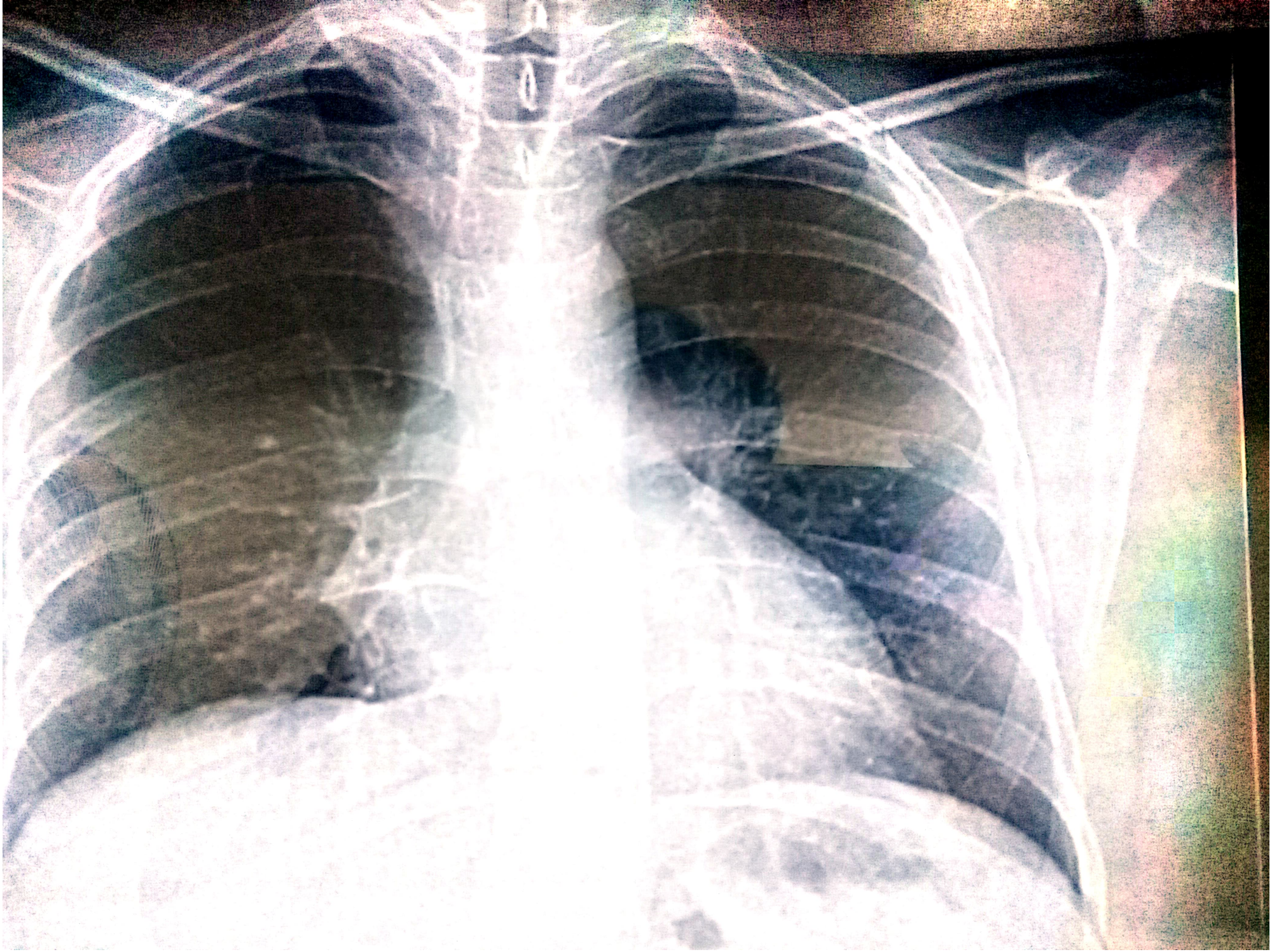












NAME:	: BRIJ KISHORE	Patient ID.:	: 343198
Age/Gender:	: 38 Y/Male	Registered	: 25/Feb/2023 10:19AM
Lab NO:	: 012302250038	Reported	: 25/Feb/2023 11:36AM
BarcodeNo.:	: 10394662	Report STATUS:	: Final
Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

ULTRASOUND WHOLE ABDOMEN

TECHNIQUE: - Real time trans-abdominal sonographic images were obtained in multiple projections.

FINDINGS:-

LIVER is normal in size **with grade II fatty changes.** No surface nodularity/focal lesion are seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in diameter.

GALL BLADDER is well distended and normal in wall thickness. No gallbladder sludge seen. No evidence of any mass or calculus is seen. No pericholecystic fluid is seen. Sonographic Murphy sign is absent. Common bile duct is normal in calibre.

PANCREAS: The pancreatic head and proximal body are imaged and are normal in size and echotexture. No focal lesion is seen. The distal pancreatic body and tail are obscured by overlying bowel gas.

SPLEEN is normal in size & echotexture. No focal lesion is seen.

BOTH KIDNEYS are normal in anatomical location, size and outline. Parenchymal-cortical thickness and echogenicity are normal. The corticomedullary differentiation is maintained. **Left kidney shows a calculus (~4.5mm) at mid pole.** No obvious calculus or hydronephrosis is seen on right side. Perirenal spaces appear normal.

URINARY BLADDER appears well distended, contents are echofree. Walls are smooth and normal in wall thickness. No calculus or mass lesion seen within the bladder or at UV junctions.

PROSTATE is normal in size, outline and echotexture. No obvious focal lesion is seen.

No ascites is seen.
Bowel loops grossly appear normal.

IMPRESSION:

- **Fatty liver grade II.**
- **Non-obstructing left renal mid pole calculus (~4.5mm).**

ADVISED: - CLINICAL CORRELATION.
Thanks for referrals

*** End Of Report ***

ests Requested:USG Whole Abdomen,SINGLE VIEW

sult Awaited: SINGLE VIEW

Dr. Mohit Agarwal
MBBS, MD (Radiodiagnosis)
Consultant Radiologist
Ex-Safdarjung Hospital & VMMC, New Delhi

Dr. Iram Pasha
MBBS, MD (Radiodiagnosis)
Ex-SGPGI, Lucknow
Consultant Radiologist.

NAME:	: BRIJ KISHORE	Patient ID.:	: 343198
Age/Gender:	: 38 Y/Male	Registered	: 25/Feb/2023 10:19AM
Lab NO:	: 012302250038	Reported	: 25/Feb/2023 11:49AM
BarcodeNo.:	: 10394662	Report STATUS:	: Final
Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

DIGITAL X-RAY CHEST (PA VIEW)

TECHNIQUE: - PA VIEW

FINDINGS:-

Both the lung fields appear clear. No focal lesion seen.

Both domes of diaphragm and CP angles appear normal.

Trachea appears central.

Both hila appear normal.

CT ratio is within normal limits.

PLEASE CORRELATE CLINICALLY.

Thanks for referrals

*** End Of Report ***

Tests Requested:USG Whole Abdomen,SINGLE VIEW

Dr. Mohit Agarwal
MBBS, MD (Radiodiagnosis)
Consultant Radiologist
Ex-Safdarjung Hospital & VMMC, New Delhi

Dr. Iram Pasha
MBBS, MD (Radiodiagnosis)
Ex-SGPGI, Lucknow
Consultant Radiologist.

Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations, if there is a variance clinically this examination may be repeated o revaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.

25 FEB 2023 03:27pm

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25 FEB 2023 03:27pm

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

APPLE CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC
A UNIT OF PRIME HEART CARE

NAME	Mr. BRIJ KISHORE	**AGE/SEX**	38 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	**DATE**	25/02/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

MEASUREMENTS		VALUE	NORMAL DIMENSIONS
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	2.2	cm	(2.2 –3.7 cm)
LA	3.4	cm	(1.9 –4.0 cm)
LV FUNCTION			
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 / reco with further investigation.

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APPLE PATHOLOGY
TRUSTED RESULT

Reg.NO.	: 113	DATE	: 25/02/2023
NAME	: Mr. BRIJ KISHORE	AGE	: 38 Yrs.
REFERRED BY	: Dr.Nitin Agarwal (D M)	SEX	: MALE
SAMPLE	: BLOOD URINE		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.7	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	11,400	/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	5.07	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	43.0	%	35-54
M C V	84.8	fL	76-96
M C H	27.0	pg	27.00-32.00
M C H C	31.9	g/dl	30.50-34.50
PLATELET COUNT	2.30	lacs/mm3	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00 - 15
	BIOCHEMISTRY		
BLOOD SUGAR F.	**110**	mg/dl	60-100
	HAEMATOLOGY		

Report is not valid for medicolegal purpose

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Tel. : 07599031977, 09458888448

APPLE PATHOLOGY
TRUSTED RESULT

Reg.NO.	: 113	DATE	: **25/02/2023**
NAME	: **Mr. BRIJ KISHORE**	AGE	: 38 Yrs.
REFERRED BY	: Dr.Nitin Agarwal (D M)	SEX	: MALE
SAMPLE	: BLOOD URINE		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN	5.9		

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 UREA NITROGEN	18	mg/dL.	5 - 25
SERUM CREATININE	1.0	mg/dL.	0.5-1.4
URIC ACID	7.1	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	137	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.6	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.2	mg/dl	8.5 - 10.5

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APPLE PATHOLOGY
TRUSTED RESULT

Reg.NO. : 113
NAME : **Mr. BRIJ KISHORE**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD URINE

DATE : **25/02/2023**
AGE : 38 Yrs.
SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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	6.9	Gm/dL	6.4 - 8.3
Albumin	3.7	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.16		0.0-2.0
SGOT	39	IU/L	0-40
SGPT	33	IU/L	0-40
SERUM ALK.PHOSPHATASE	73	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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APPLE PATHOLOGY
TRUSTED RESULT

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REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD URINE

DATE : **25/02/2023**
AGE : 38 Yrs.
SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	**230**	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	**201**	mg/dl.	30 - 160
HDL CHOLESTEROL	43	mg/dL.	30-70
VLDL CHOLESTEROL	**40.2**	mg/dL.	15 - 40
LDL CHOLESTEROL	**146.80**	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	5.35	mg/dl	
LDL/HDL CHOLESTEROL RATIO	3.41	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 indefining cardiovascular risk factors and in the managment 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	AB
Rh	POSTIVE

URINE EXAMINATION

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Apple Cardiac Care
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Reg.NO.	: 113		
NAME	: **Mr. BRIJ KISHORE**	DATE	: **25/02/2023**
REFERRED BY	: Dr.Nitin Agarwal (D M)	AGE	: 38 Yrs.
SAMPLE	: BLOOD URINE	SEX	: MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	25	ml	
Colour	Light Yellow		
Appearence	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	2-3	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

BIOCHEMICAL

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Reg.NO. : 113
NAME : **Mr. BRIJ KISHORE**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD URINE

DATE : **25/02/2023**
AGE : 38 Yrs.
SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
Prostatic Specific Antigen	2.1	ng/ml	0-4

Prostatic Specific Antigen (P.S.A)

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with bening prostatic hypertrophy.

* Quality controlled report with external quality assurance

BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT)	26	U/L	7-32

--{End of Report}--

Shweta

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

Report is not valid for medicolegal purpose