

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

Reya Arora

Fatty Liver

25/2/22

110/60

76/92

T. Triglyceride (H)

normal diet

Answer to k H.H.

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Q

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

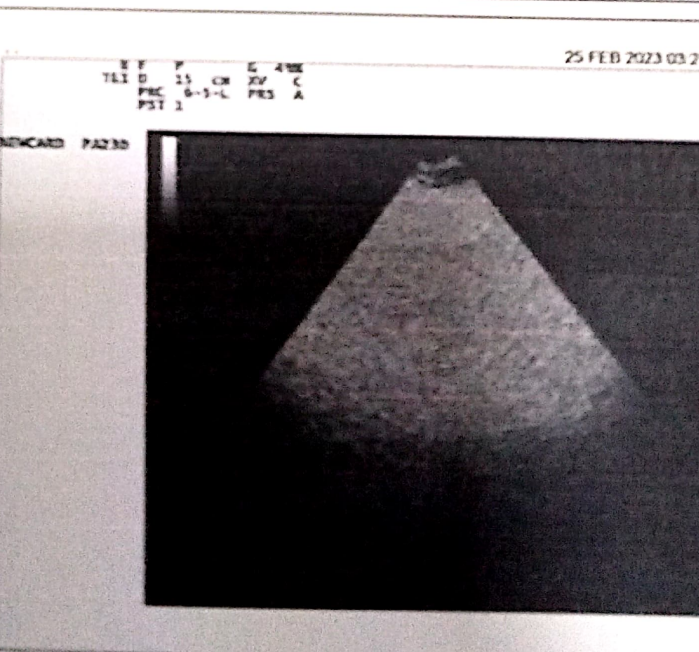
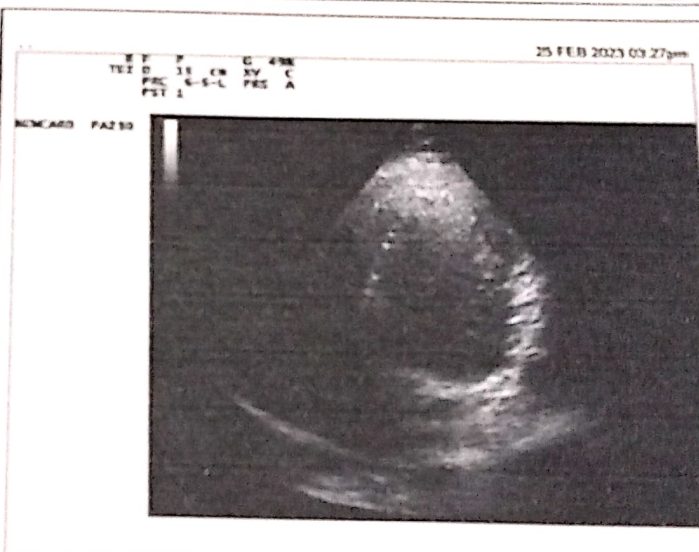
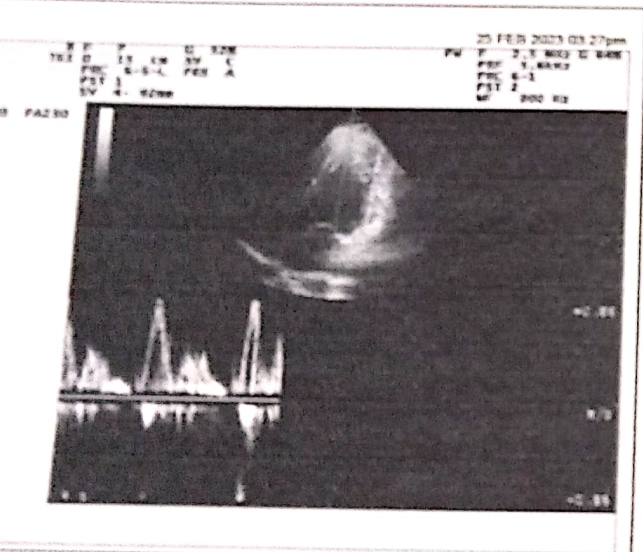
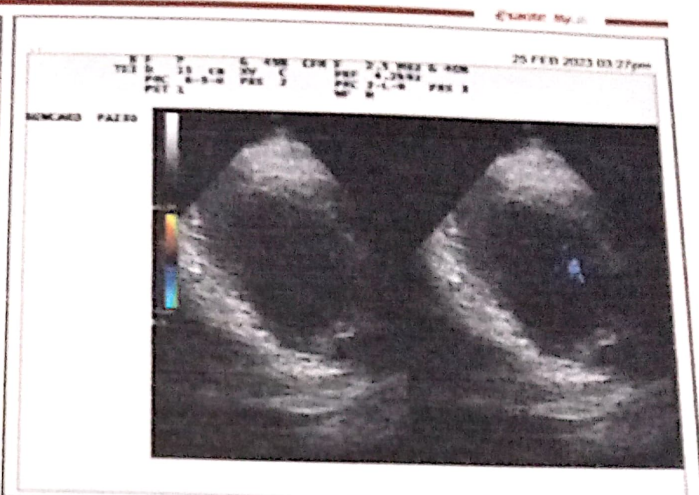
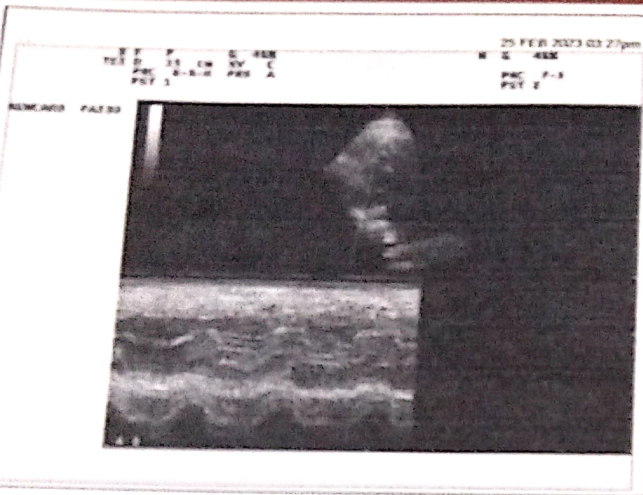
OPD Timings : 12.00 Noon to 04.00 pm, **Sunday** : 12.00 Noon to 3.00 pm

नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977

VALID FOR 5 DAYS.

पर्वत पाँच दिन के लिये मान्य





Apple Cardiac Care
Nagar, Stadium Road,
Care Hospital),
- 243 122 (U.P.) India
: 07599031977, 09458888448



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 116
NAME : Mrs. PRIYA
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD URINE

DATE : 25/02/2023
AGE : 31 Yrs.
SEX : FEMALE

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.

BLOOD GROUP

Blood Group	O
Rh	POSITIVE

BIOCHEMISTRY

BLOOD UREA NITROGEN	17	mg/dL.	5 - 25
SERUM CREATININE	0.6	mg/dL.	0.5-1.4
URIC ACID	7.5	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	136	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.5	m Eq/litre.	3.5 - 5.5

Report is not valid for medicolegal purpose



A-3, Ekta Nagar, Stadium Road,
 Apple Cardiac Care
 (Near Stadium Road,
 Ekta Hospital),
 Ekta Nagar - 243 122 (U.P.) India
 Phone : 07599031977, 09458888448



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM CALCIUM	9.0	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	6.7	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.68		0.0-2.0
SGOT	24	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

Apple Cardiac Care
 Nagar, Stadium Road,
 (Apple Hospital),
 - 243 122 (U.P.) India
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Reg.NO. : 116
 NAME : Mrs. PRIYA
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD URINE

DATE : 25/02/2023
 AGE : 31 Yrs.
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	203	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	215	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	43	mg/dL.	15 - 40
LDL CHOLESTEROL	111	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.14	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.27	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

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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	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		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	6-8	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

BIOCHEMISTRY

Report is not valid for medicolegal purpose

Apple Cardiac Care
Appt. Stadium Road,
Gurgaon Hospital,
Gurgaon - 243 122 (U.P.) India
Ph - 0999001977, 09450050448



CARE
HEAR CLAB
NATIONAL

REQ. NO. : 116
NAME : MRS. PRIYA
REFERRED BY : Dr. Nidhi Agarwal (D.M)
SAMPLE : BLOOD URINE

DATE : 25/02/2023
AGE : 31 Yrs.
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD SUGAR P.P.	116	mg/dl	80-140

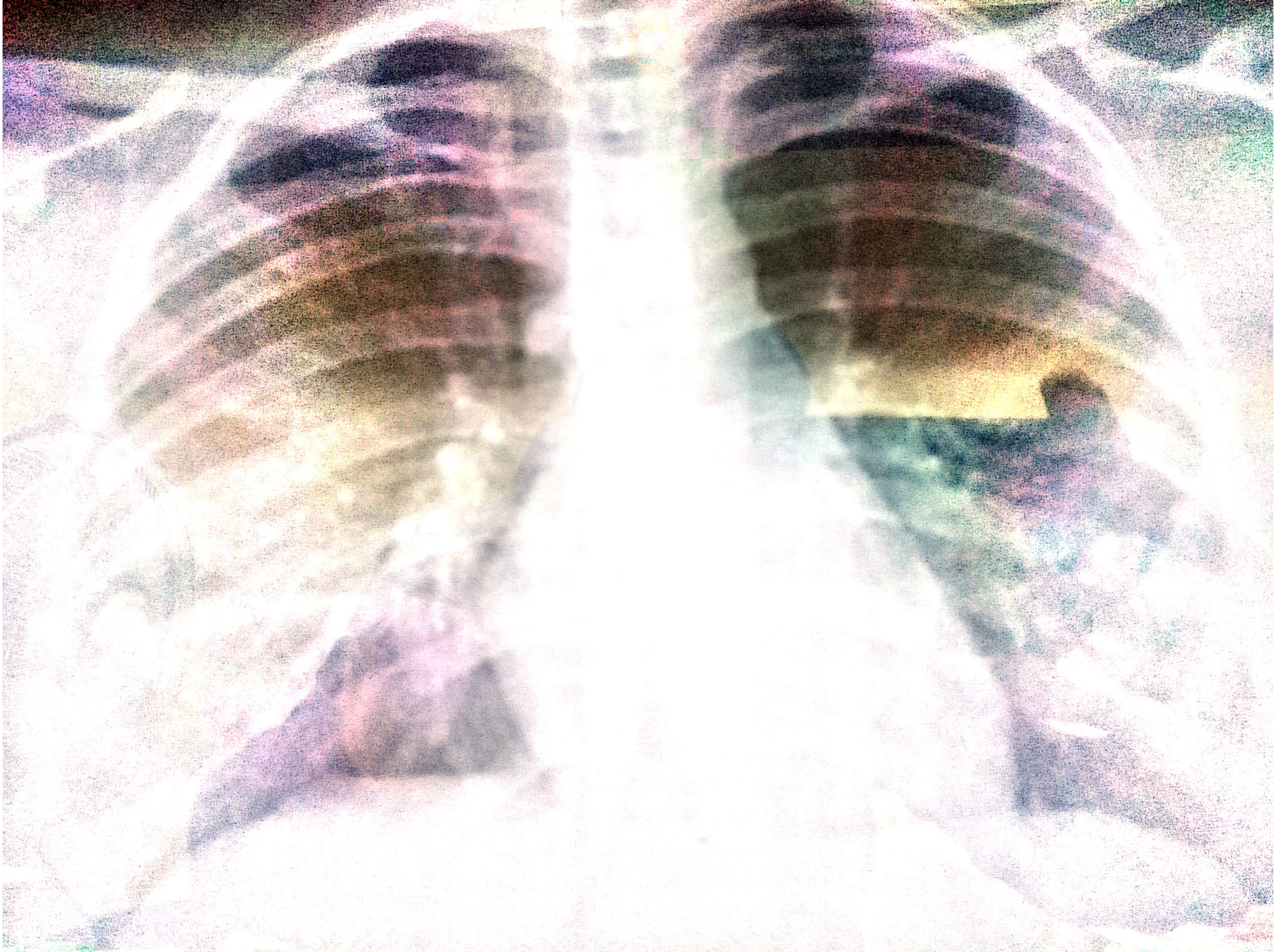
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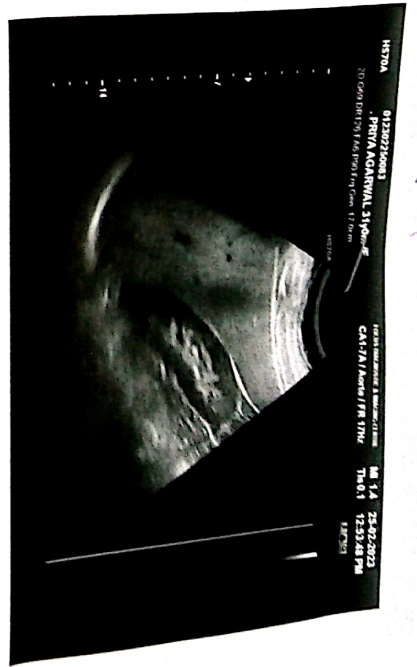
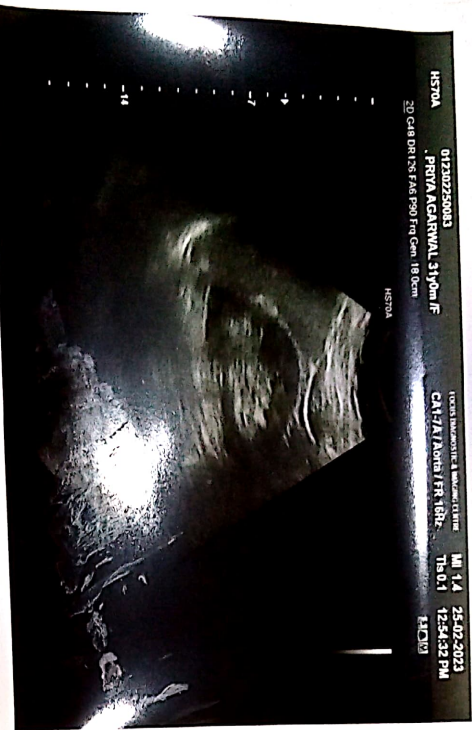
Shweta

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

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







NAME:	: PRIYA AGARWAL	Patient ID.:	: 343248
Age/Gender:	: 31 Y/Female	Registered	: 25/Feb/2023 11:12AM
Lab NO:	: 012302250083	Reported	: 25/Feb/2023 01:01PM
BarcodeNo.:	: 10394696	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 moderately enlarged in size (~17.5cm) with grade I 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. No obvious calculus or hydronephrosis is seen. 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.

UTERUS is normal in size, outline and normal in position, not low lying. Myometrial echotexture is normal. No evidence of any focal/diffuse lesion in myometrium is seen.

ENDOMETRIAL echo-complex is central in position & regular in outline measuring approx. **4mm** in thickness. No collection is seen in the endometrial canal.

OVARIES & ADNEXA Both ovaries appear normal in size and echopattern. Both adnexa are clear. No adnexal mass is seen on either side. No free fluid is seen in cul-de-sac. No ascites is seen. **Bowel loops** grossly appear normal.

IMPRESSION:

- Moderate hepatomegaly with grade I fatty changes.

ADVISED: - CLINICAL & LAB CORRELATION.
Thanks for referrals

*** End Of Report ***

Tests Requested:USG Whole Abdomen,SINGLE VIEW



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

Dr. Iram Pasha

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

This report is provided for informational purposes only. All test results are subject to verification. If there is a variance clinically this examination may be repeated or reevaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.



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Age/Gender:	: 31 Y/Female	Registered	: 25/Feb/2023 11:12AM
Lab NO:	: 012302250083	Reported	: 25/Feb/2023 12:59PM
BarcodeNo.:	: 10394696	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

Result Awaited:USG Whole Abdomen,

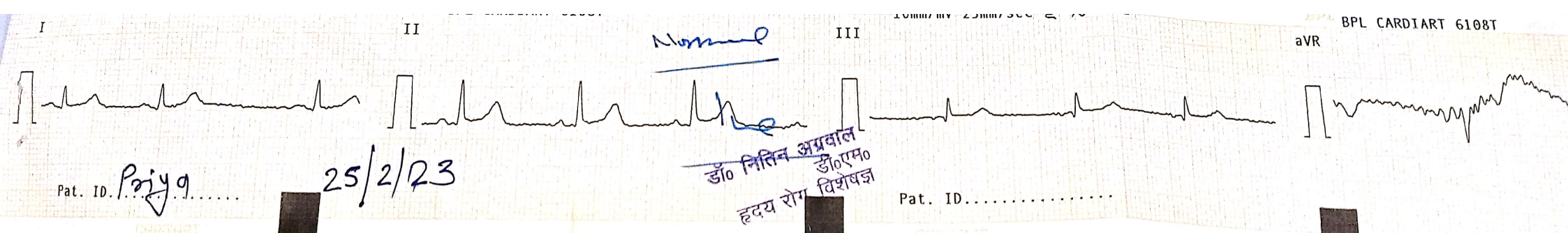
Dr. Mohit Agarwal
MBBS, MD (Radiodiagnosis)
Consultant Radiologist
Ex-Safdarjung Hospital & VMMC, New Delhi

Iram Pasha
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 or re-evaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.





Pat. ID. Pritya.....

25/2/23

Normal

डॉ० नितिन अग्रवाल
हृदय रोग विशेषज्ञ

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Pat. ID.....

BPL CARDIART 6108T
aVR

PT 6108T

10mm/mV 25mm/sec 25HZ PL

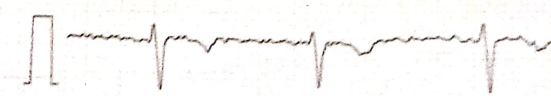
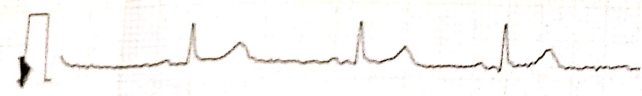
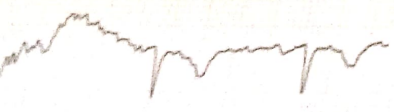
BPL CARDIART 61081

10mm/mV 25mm/sec 25HZ

aVL

aVF

V1



Pat. ID.....

Pat. ID.....

10mm/mV 25mm/sec 25Hz

V4

BPL CARDIART 610BT

V5

10mm/mV 25mm/sec 25Hz

BPL CARDIART 610BT

V6



Pat. ID.....

Pat. ID.....