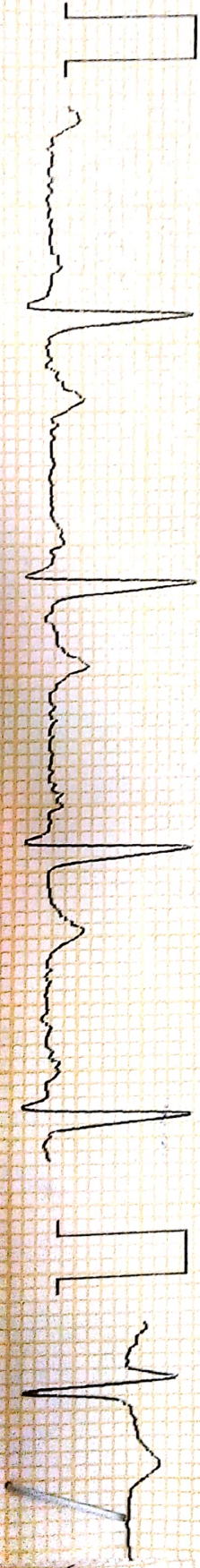


I

10mm/mv 25mm/sec 32HZ

II

BPL CAR



डॉ० नितिन आवाल

डॉ० एस० पी०
विशेषज्ञ
हृदय रोग विशेषज्ञ

Dr. P. S. Singh

RS

CARDIART

BPL CARDIART 6108T

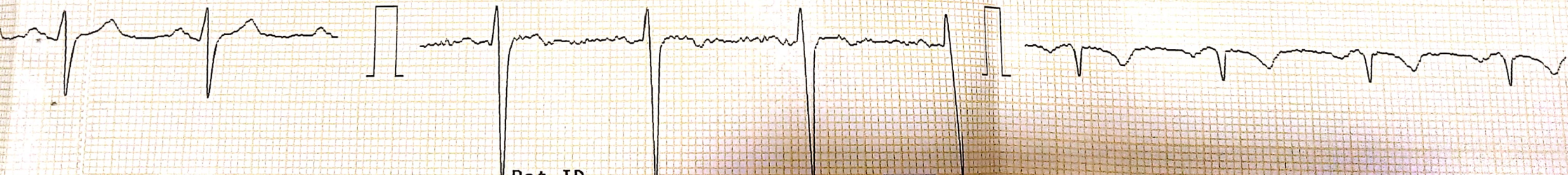
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BPL CARDIART 6108T

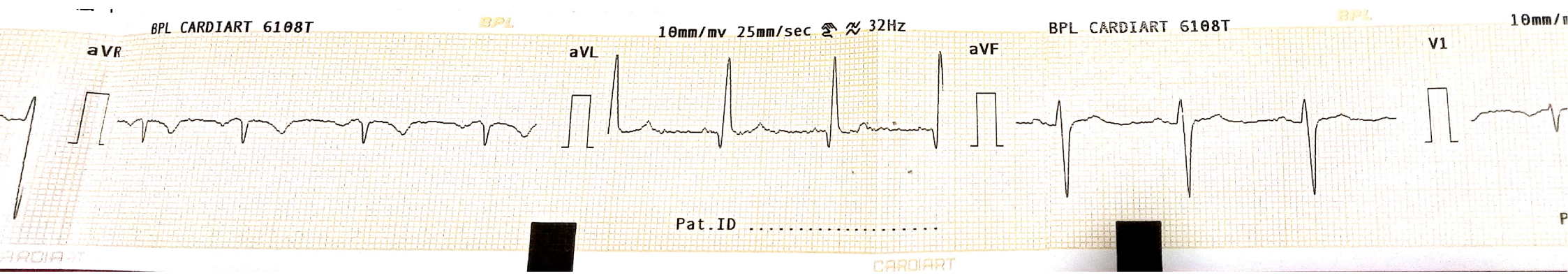
BPL

III

aVR



Pat.ID



25mm/sec 32Hz

BPL CARDIART 6108T

BPL

10mm/mv 25mm/sec 32Hz

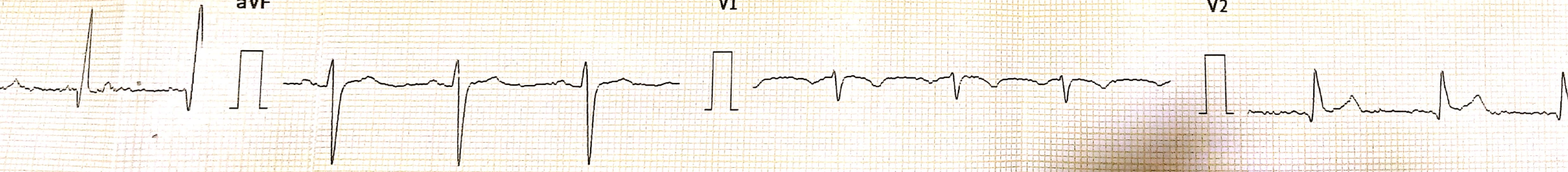
BPL CARDIART 6108T

BPL

aVF

V1

V2



Pat.ID

CARDIART

CARDIART

mv 25mm/sec 32Hz

BPL CARDIART 6108T

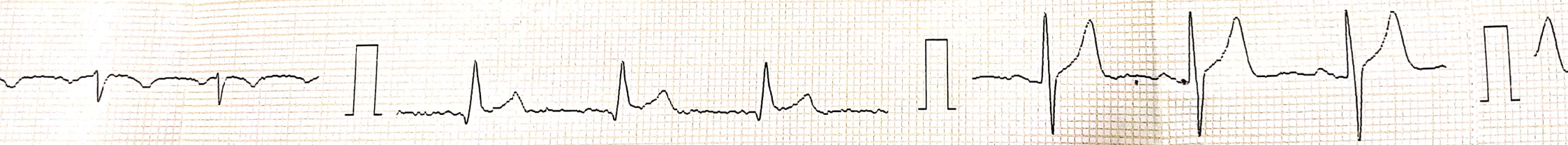
BPL

10mm/mv 25mm/sec 32Hz

V2

V3

V4



ID

Pat.ID

CARDIART

CARDIART

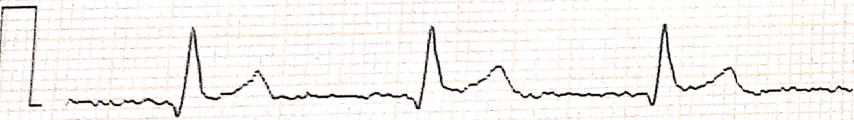
BPL CARDIART 6108T

BPL

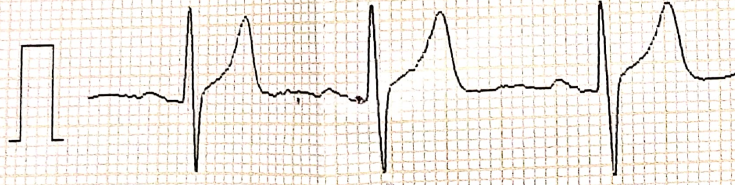
10mm/mv 25mm/sec 32Hz

BPL CARDIART 6108T

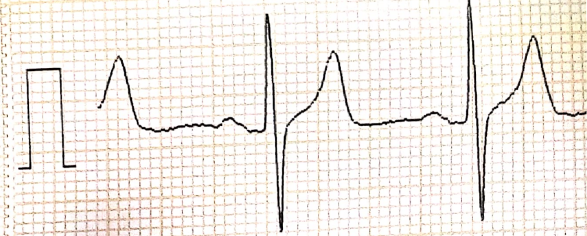
V2



V3



V4



BPL CARDIART 6108T

10mm/mv 25mm/sec 32Hz

BPL CARDIART 6108T

V5

V6



Patient ID

CARDIART

A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458884448



Reg.NO. : 45
NAME : **Mr. UPENDRA SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **27/04/2024**
AGE : 52 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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HAEMATATOLOGY

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	13.6	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	27	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.23	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	42.3	%	35-54
M C V	81.2	fL	76-96
M C H	28.9	pg	27.00-32.00
M C H C	31.5	g/dl	30.50-34.50
PLATELET COUNT	1.60	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	11	mm	00 - 15

BLOOD GROUP

Blood Group : O
Rh : POSITIVE





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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	6.1		

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 SUGAR F.	98	mg/dl	60-100
BLOOD UREA NITROGEN	17	mg/dL.	5 - 25
URIC ACID	7.6	mg/dl	3.5-8.0

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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are of Apple Cardiac Care
 Ekta Nagar, Stadium Road,
 App. Care Hospital,
 Bareilly - 243 122 (U.P.) India
 Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
 TRUSTED RESULT

Reg NO : 45
 NAME : **Mr. UPENDRA SINGH**
 REFERRED BY : Dr Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **27/04/2024**
 AGE : 52 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.7	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.9	Gm/dL	6.4 - 8.3
Albumin	4.8	Gm/dL	3.5 - 5.5
Globulin	3.1	Gm/dL	2.3 - 3.5
A : G Ratio	1.55		0.0-2.0
SGOT	26	IU/L	0-40
SGPT	17	IU/L	0-40
SERUM ALK. PHOSPHATASE	81	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 infections 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, stratorrhea and bone diseases.





Reg.NO. : 45
 NAME : **Mr. UPENDRA SINGH**
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 SAMPLE : BLOOD

DATE : **27/04/2024**
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 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	225	mg/dL,	130 - 200
SERUM TRIGLYCERIDE	125	mg/dl,	30 - 160
HDL CHOLESTEROL	49	mg/dL,	30-70
VLDL CHOLESTEROL	25	mg/dL,	15 - 40
LDL CHOLESTEROL	151	mg/dL,	00-130
CHOL/HDL CHOLESTEROL RATIO	4.59	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	3.08	mg/dl	0-3

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 mellitus, 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.

Gamma Glutamyl Transferase (GGT)	21	U/L	7-32
BLOOD SUGAR P.P.	181	mg/dl	80-160

URINE EXAMINATION

Reg No. : 45
 NAME : Mr. UPENDRA SINGH
 REFERRED BY : Dr Man Agarwal (D.M)
 SAMPLE : BLOOD

DATE : 27/04/2024
 AGE : 52 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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URINE EXAMINATION REPORT

PHYSICAL EXAMINATION

pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		
Sediments	Nil		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	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		

ure of Apple Cardiac Care
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APPLE
PATHOLOGY
TRUSTED RESULT

Reg NO : 45
NAME : **Mr. UPENDRA SINGH**
REFERRED BY : Dr Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **27/04/2024**
AGE : 52 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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--{End of Report}--

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



ON DOPPLER INTERROGATION THERE WAS :

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

MITRAL FLOW

E= 0.6 m/sec

A= 0.8 m/sec

ON COLOUR FLOW:


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

COMMENTS:

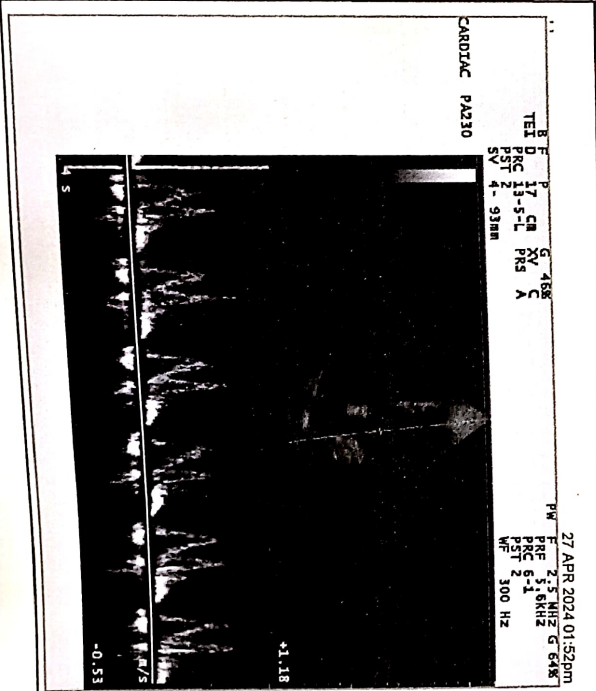
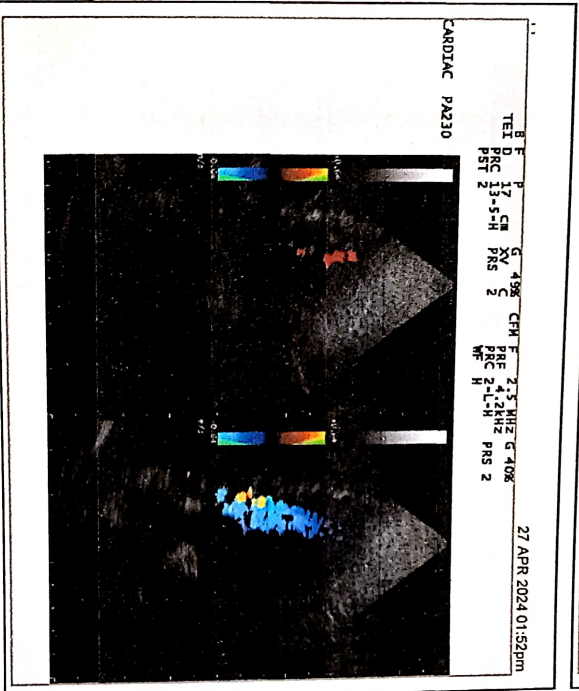
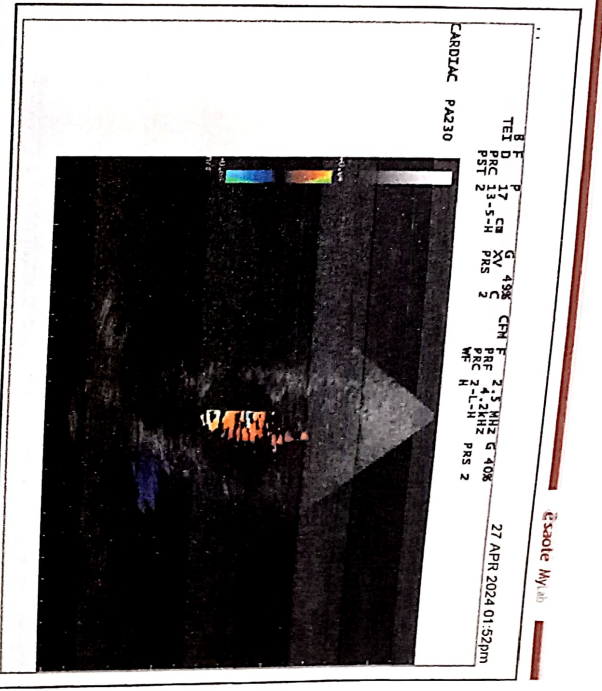
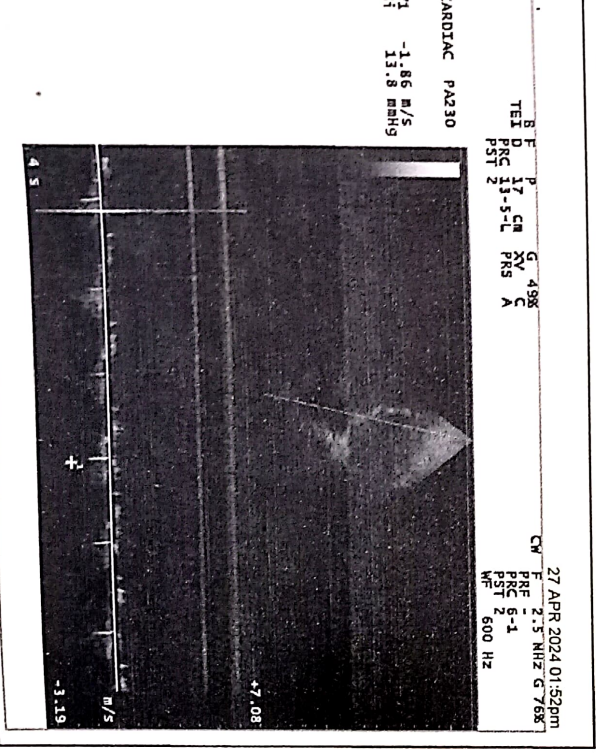
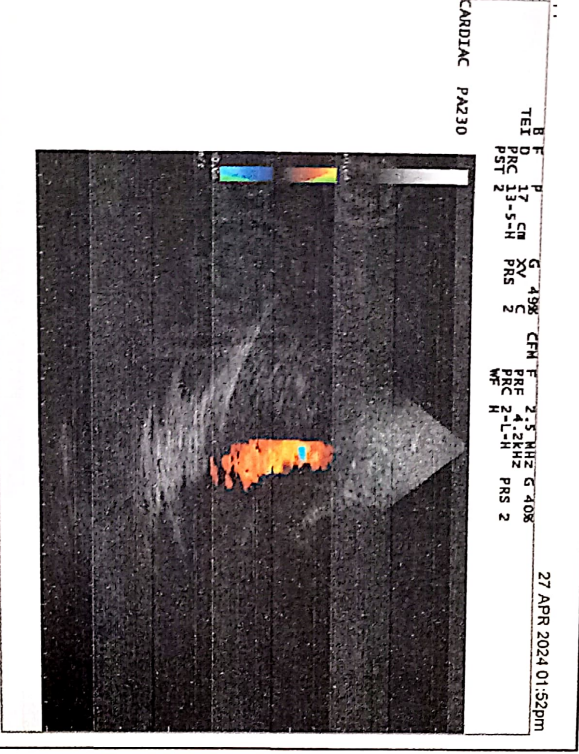
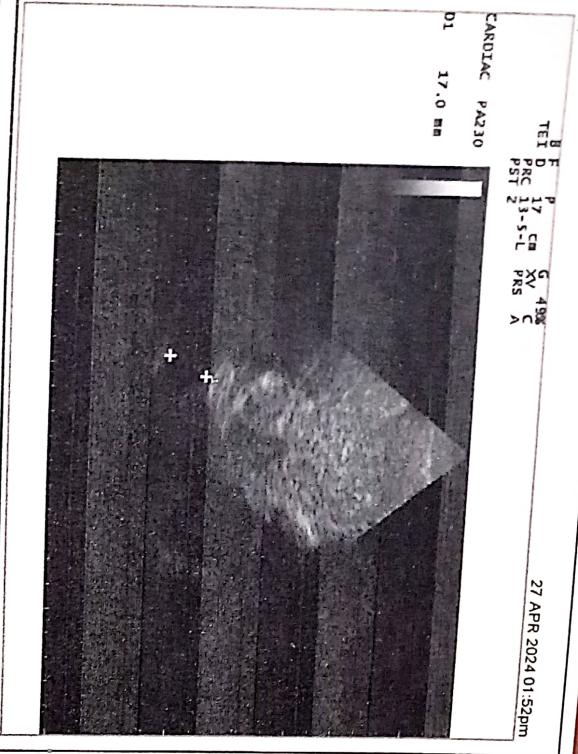
- No LA /LV clot
- No pericardial effusion
- No intracardiac mass
- IAS/IVS Intact
- Inferior vena cava – normal in size with normal respiratory variation

FINAL IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY
- MILD CONCENTRIC LVH
- GRADE I LV DIASTOLIC DYSFUNCTION
- 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.



NAME	Mr. UPENDRA SINGH	AGE/SEX	52 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	27/04/2024

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)	1.2 cm	(0.6 –1.1 cm)
LVPW (ed)	1.2 cm	(0.6 –1.1 cm)
AO	2.5 cm	(2.2 –3.7 cm)
LA	3.3 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
Mild concentric left Ventricle Hypertrophy

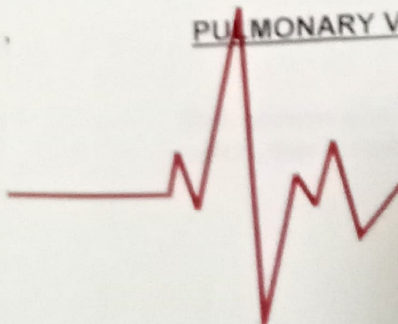
MITRAL VALVE : Thin, PML moves posteriorly during Diastole
 No SAM, No Subvalvular pathology seen.
 No mitral valve prolapse calcification .

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

FACILITIES : ECG | COLOUR DOPPLER | ECHO CARDIOGRAPHY
 TMT | HOLTEN MONITORING | PATHOLOGY





MR. UPENDRA SINGH AGE---52/M
DR. NITIN AGARWAL

27-04-2024

EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is normal in size and outline. It shows uniform fatty changes. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The Gall Bladder is normal in size, with no evidence of calculi. Walls are thin. The CBD is not dilated.

The Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is mildly enlarged 123 mm in size.

Right Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

Left Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

No ascitis or pleural effusion. No retroperitoneal adenopathy.

The Urinary Bladder is normal in size and outline. Walls are thin & smooth. There is no evidence of any obvious intraluminal or perivesical pathology.

The Prostate is normal in size and volume. Homogenous parenchyma. Median lobe is not projecting. The seminal Vesicles are normally visualized.

Bowel loops are non- dilated, gas filled & show normal peristaltic activity.

**IMPRESSION: - GRADE 1 FATTY CHANGES IN LIVER
MILD SPLENOMEGALY**

ADV—CLINICAL CORRELATION

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

DR APURGOOP REDDY
MD
RADIODIAGNOSIS

Every imaging has its limitations. This is a professional opinion, not a final diagnosis. For further confirmation of diagnosis, clinical-pathological correlation & relevant next line investigation (TVS for gynecological disorders) (endoscopy / CT scan for bowel pathologies) are required. In case of clinical discrepancy with the report or confusion, reexamination / reevaluation are suggested. Esp. for the surgical cases 2nd opinion is must. Your positive as well as negative feedbacks are most welcome for better results

Counter sign---

B.H.



॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

DR. LOKESH GOYAL

MBBS (K GMC), 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

MR. UPENDRA 52/M
DR. NITIN AGARWAL, DM

27-04-2024

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
RADIO DIAGNOSIS

डिजिटल एवरेट, मल्टी स्टांडर्ड
सी. टी. स्केन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE



Scanned with OKEN Scanner