

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 : 46
NAME : **Mr. SUSHIL KUMAR SHARMA**
REFERRED BY : Dr. Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **27/04/2024**
AGE : 41 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.9	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	4,900	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.88	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	42.6	%	35-54
M C V	88.5	fL	76-96
M C H	31.5	pg	27.00-32.00
M C H C	32.2	g/dl	30.50-34.50
PLATELET COUNT	1.79	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	10	mm	00 - 15
BLOOD GROUP			
Blood Group	AB		
Rh	POSITIVE		



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GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.8		

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.	79	mg/dl	60-100
BLOOD UREA NITROGEN	14	mg/dL.	5 - 25
URIC ACID	7.2	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

SERUM CREATININE	0.8	mg/dL.	0.5-1.4
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LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.5	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	3.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.14		0.0-2.0
SGOT	36	IU/L	0-40
SGPT	33	IU/L	0-40
SERUM ALK.PHOSPHATASE	97	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 biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	204	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	159	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	31.8	mg/dL.	15 - 40
LDL CHOLESTEROL	124.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.25	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.59	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 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.

Gamma Glutamyl Transferase (GGT) 31 U/L 7-32

URINE EXAMINATION



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY		ml	
Volume	20		
Colour	Light Yellow		Nil
Appearance	Clear		
Sediments	Nil		1.015-1.025
Specific Gravity	1.015		
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	2-3	/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)





4937 / MR. SUSHIL KUMAR SHARMA / 41 Yrs / M / 181 Cms / 82 Kg Date: 27-Apr-2024 Refd By : NITIN AGARWAL (DM) Examined By: DR. NITIN AGARWAL

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	097	54 %	120/70	116	00	
Standing	01:22	1:18	00.0	00.0	01.0	093	52 %	120/70	111	00	
HV	01:43	0:21	00.0	00.0	01.0	090	50 %	120/70	108	00	
ExStart	02:02	0:19	00.0	00.0	01.0	093	52 %	120/70	111	00	
BRUCE Stage 1	05:02	3:00	01.7	10.0	04.7	136	76 %	125/75	170	00	
BRUCE Stage 2	08:02	3:00	02.5	12.0	07.1	167	93 %	128/78	213	00	
PeakEx	09:31	1:29	03.4	14.0	08.6	184	103 %	130/80	239	00	
Recovery	10:01	0:30	00.0	00.0	04.2	177	99 %	130/80	230	00	
Recovery	10:31	1:00	00.0	00.0	01.2	149	83 %	130/80	193	00	
Recovery	11:29	2:00	00.0	00.0	01.0	121	68 %	128/78	154	00	

FINDINGS :

TMT - Negative

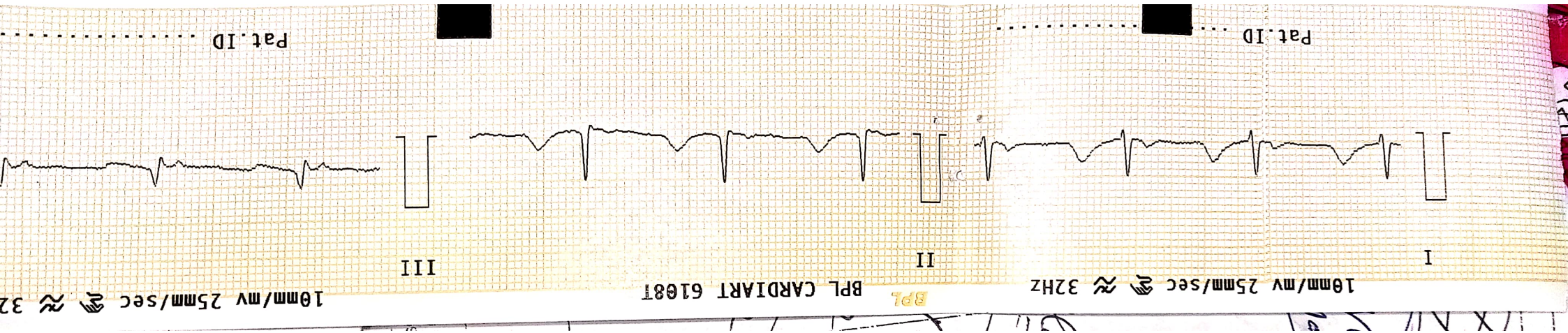
Exercise Time : 07:29
 Max HR Attained : 184 bpm 103% of Target 179
 Max BP Attained : 130/80
 Max Workload Attained : 8.6 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, heart Rate Achieved

REPORT This is Sample Report 3

Heart Rate 93.0 bpm
 Systolic BP 130.0 mmHg
 Diastolic BP 80.0 mmHg
 Maximum Depression 0.2
 Exercise Time 07:29 Mins.
 Ectopic Beats 0.0
 METS 8.6
 Test End Reason Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved
 Target Heart Rate 179.0

(Handwritten Signature)

डॉ० नितिन अग्रवाल
 हृदय रोग विशेषज्ञ



Pat. ID

Pat. ID

III

II

I

10mm/mv 25mm/sec 32HZ

BPL CARDIART 6108T

10mm/mv 25mm/sec 32HZ

10mm/mv 25mm/sec 32Hz

BPL CARDIART 6108T

10mm/mv 25mm/sec 32Hz

BPL

BPL CARDIART

aVR

aVL

aVF

Pat.ID

Pat.ID

CARDIART



8T

aVL

10mm/mv 25mm/sec 32Hz

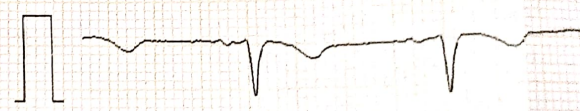
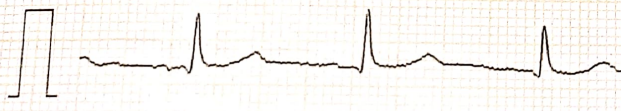
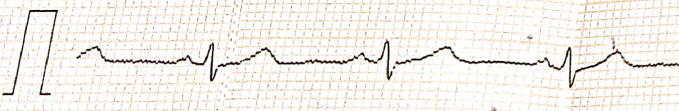
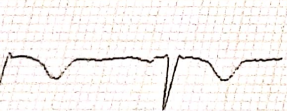
BPL

BPL CARDIART 6108T

aVF

10mm/mv 25mm/sec 32Hz

V1

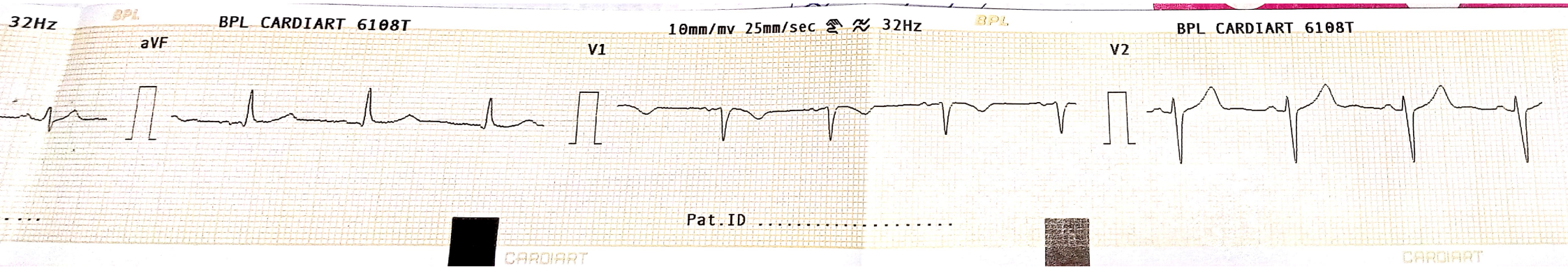


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CARDIART

CARDIART

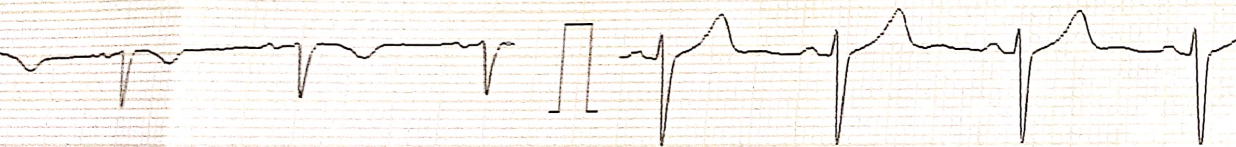


v 25mm/sec 32Hz

BPL

BPL CARDIART 6108T

V2

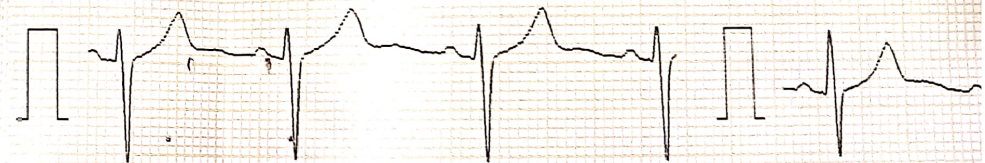


10mm/mv 25mm/sec 32Hz

BPL CARDIA

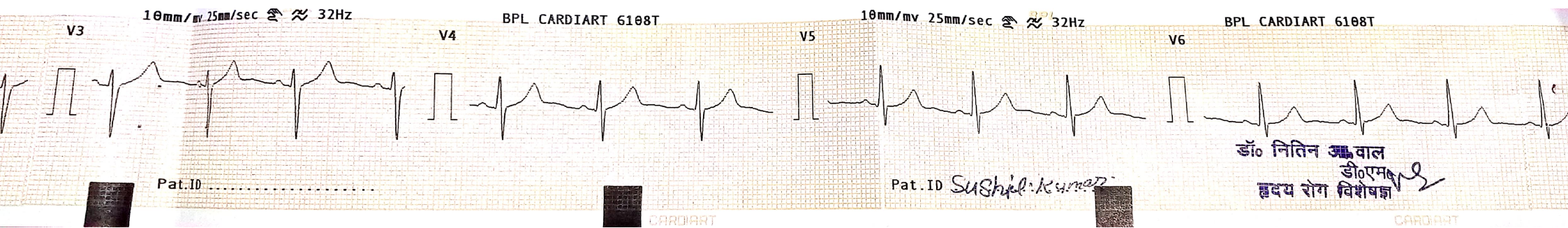
V3

V4



Pat. ID

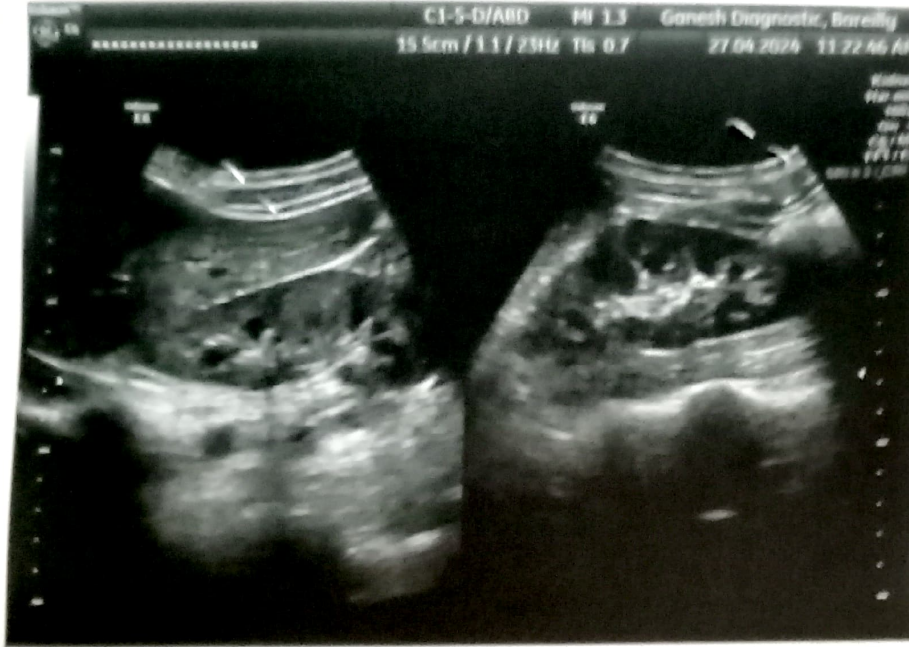




Pat. ID

Pat. ID Sushil Kumar

डॉ० नितिन आनंद वाल
डी०एम०
हृदय रोग विशेषज्ञ





॥ 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. SUSHIL KUMAR AGE-----41/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 120 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 mildly enlarged in size and volume 29 cc. 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
MILDLY ENLARGED PROSTATE (GRADE 1)**

ADV---URINE EXAMINATION & CLINICAL CORRELATION

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

DR APUROOP 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---

डिजिटल एक्स-रे, मल्टी स्लाइस
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE



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MR. SUSHIL
DR. NITIN AGARWAL, DM

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
RADIOLOGY



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