



# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**

MBBS (KGMC), 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, 9897157683

MR. JITENDRA PAL 35/M  
DR. NITIN AGARWAL, DM

27-07-2024

## 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  
RADIODIAGNOSIS

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



NOT VALID FOR  
MEDICO LEGAL PURPOSE



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## EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is normal in size and outline. It shows uniform echopattern. 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 appears normal.

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

Spleen is normal in size and echogenicity. There is no evidence of collaterals.

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.

**Fatty umbilical hernia is seen defect 8 mm. No bowel herniation is seen.**

IMPRESSION:- FATTY UMBILICAL HERNIA

DR LOKESH GOYAL  
MD  
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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 2<sup>nd</sup> opinion is must. Your positive as well as negative feedbacks are most welcome for better results

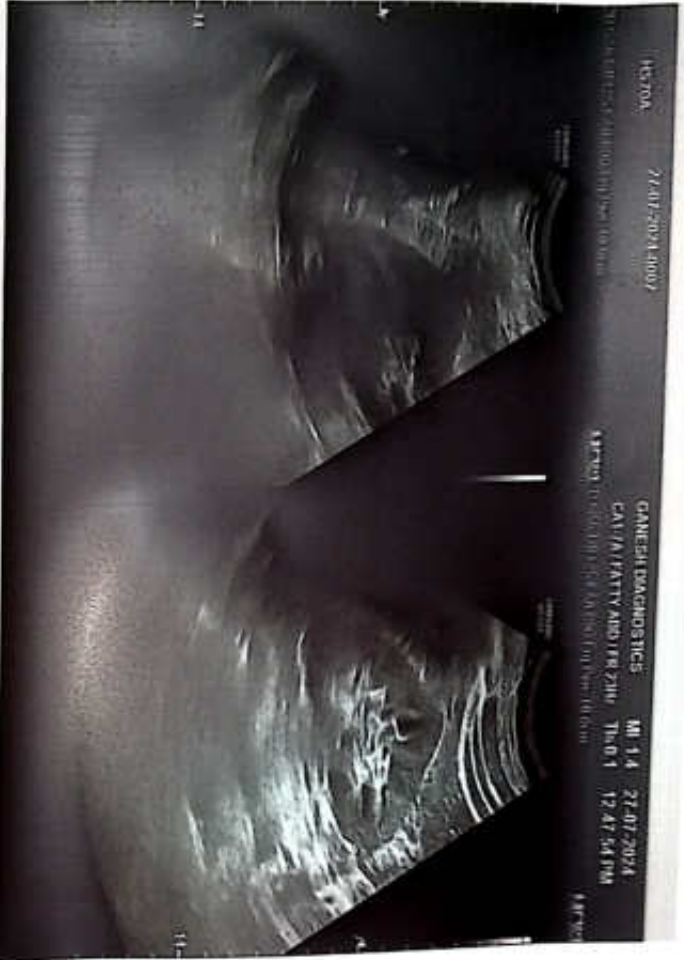
Counter sign-----

*NeLg*

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**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. : 04  
 NAME : **Mr. JITRNDRA**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **27/07/2024**  
 AGE : 35 Yrs.  
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
<b>COMPLETE BLOOD COUNT (CBC)</b>			
HAEMOGLOBIN	15.6	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	9,700	/cumm	4,000-11,000
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>			
Neutrophils	60	%	40-75
Lymphocytes	32	%	20-45
Eosinophils	08	%	01-08
TOTAL R.B.C. COUNT	5.04	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	47.3	%	35-54
M.C.V.	93.8	fL	76-96
M.C.H.	31.0	pg	27.00-32.00
M.C.H.C	33.0	g/dl	30.50-34.50
<b>E.S.R. (WINTROBE METHOD)</b>			
in First hour	14	mm	00 - 15
<b>BLOOD GROUP</b>			
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)	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**

BLOOD SUGAR RANDOM	77	mg/dl	60-160
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>223</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	<b>198</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	39.6	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>135.40</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	<b>4.65</b>	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	<b>2.82</b>	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.





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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
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
<b>SERUM PROTEINS</b>			
Total Proteins	7.1	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.45		0.0-2.0
SGOT	75	IU/L	0-40
SGPT	62	IU/L	0-40
SERUM ALK.PHOSPHATASE	115	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.

Gamma Glutamyl Transferase (GGT)	24	U/L	7-32
SERUM CREATININE	0.8	mg/dL	0.5-1.4

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BLOOD UREA NITROGEN	15	mg/dL.	5 - 25
URIC ACID	6.9	mg/dl	3.5-8.0

**CLINICAL SIGNIFICANCE:**

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

**URINE EXAMINATION**





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SEX : MALE

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**RESULTS**

**UNITS**      **BIOLOGICAL REF. RANGE**

**TEST NAME**

**URINE EXAMINATION REPORT**

**PHYSICAL EXAMINATION**

pH	5.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		

**BIOCHEMICAL EXAMINATION**

UROBILLINOGEN	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	4-6	/H.P.F.
Epithelial Cells	3-5	/H.P.F.
Crystals	Nil	Nil
Casts	Nil	/H.P.F.
DEPOSITS	Nil	
1. Bacteria	Nil	
Other	Nil	

BPL 10mm/mV 25mm/sec   $\approx$  25HZ

BPL CARDIART 6108T

I



II



Pat. ID.....

Jitendra . pal .

Age - 35 yrs  
22/10/2019

APPLE CARDIAC CARE

EKTA NAGER STADIUM ROAD BAREILLY

Report



6538 / MR. JITENDRA PAL / 35 Yrs / M / 165 Cms / 66 Kg Date: 27-Jul-2024 Refd By : NITIN AGARWAL (DM) Examined By: DR. NITIN AGARWAL

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% Thr	BP	HRP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	105	57%	120/70	125	00	
Standing	00:33	0:30	00.0	00.0	01.0	108	58%	120/70	129	00	
WV	01:03	0:30	00.0	00.0	01.0	105	57%	120/70	125	00	
ExStart	01:55	0:52	00.0	00.0	01.0	110	59%	120/70	132	00	
BRUCE Stage 1	04:55	3:00	01.7	10.0	04.7	141	76%	125/75	176	00	
BRUCE Stage 2	07:55	3:00	02.5	12.0	07.1	160	86%	130/80	208	00	
PeakEx	09:16	1:21	03.4	14.0	08.5	174	94%	130/80	226	00	
Recovery	09:46	0:30	00.0	00.0	04.1	162	88%	130/80	210	00	
Recovery	10:16	1:00	00.0	00.0	01.1	144	78%	130/80	187	00	
Recovery	11:16	2:00	00.0	00.0	01.0	131	71%	125/80	163	00	
Recovery	12:16	3:00	00.0	00.0	01.0	117	63%	120/75	140	00	
Recovery	13:16	4:00	00.0	00.0	01.0	123	66%	120/70	147	00	
Recovery	14:16	5:00	00.0	00.0	01.0	104	58%	120/70	124	00	
Recovery	14:28	5:13	00.0	00.0	01.0	116	64%	120/70	141	00	

FINDINGS :

Exercise Time : 07:21  
 Max HR Attained : 174 bpm 64% of Target 165  
 Max BP Attained : 130/80  
 Max Workload Attained : 8.5 Fair response to induced stress  
 Test Objective :  
 Test End Reasons :  
 Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved, Heart Rate Achieved  
 Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved, Heart Rate Achieved  
 Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved, Heart Rate Achieved  
 Heart Rate 108 @ begin  
 Systolic BP 130 @ resting