

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. : 242
NAME : **Mr. YESH PAL**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **27/01/2024**
AGE : 31 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	15.6	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	7,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	71	%	40-75
Lymphocytes	24	%	20-45
Eosinophils	03	%	01-08
Monocytes	02	%	01-06
TOTAL R.B.C. COUNT	4.96	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	49.6	%	35-54
M C V	85.6	fL	76-96
M C H	29.5	pg	27.00-32.00
M C H C	31.6	g/dl	30.50-34.50
PLATELET COUNT	1.90	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15



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GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.7		

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 SUGAR F.	74	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	26	U/L	7-32
BLOOD UREA NITROGEN	22	mg/dL.	5 - 25
SERUM CREATININE	1.0	mg/dL.	0.5-1.4



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URIC ACID	6.8	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

LIVER PROFILE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM BILIRUBIN			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.2	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.25		0.0-2.0
SGOT	39	IU/L	0-40
SGPT	52	IU/L	0-40
SERUM ALK.PHOSPHATASE	79	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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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	177	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	239	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	47.8	mg/dL.	15 - 40
LDL CHOLESTEROL	80.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.61	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	1.64	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.

URINE EXAMINATION

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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	1-2	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
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)





4083 / Mr. YASH PAL GANGWAR / 32 Yrs / M / 179 Cms / 90 Kg Date: 27-Jan-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	00:03	0:03	00.0	00.0	01.0	128	68 %	125/75	160	00	
Standing	00:17	0:14	00.0	00.0	01.0	127	68 %	125/75	158	00	
HV	00:35	0:18	00.0	00.0	01.0	126	67 %	125/75	157	00	
ExStart	00:47	0:12	00.0	00.0	01.0	125	66 %	125/75	156	00	
BRUCE Stage 1	03:47	3:00	01.7	10.0	04.7	155	82 %	130/80	201	00	
BRUCE Stage 2	06:47	3:00	02.5	12.0	07.1	183	97 %	135/80	247	00	
PeakEx	06:51	0:04	00.0	00.0	07.2	203	108 %	135/80	274	00	
Recovery	07:21	0:30	00.0	00.0	04.2	179	95 %	135/80	241	00	
Recovery	07:51	1:00	00.0	00.0	01.2	124	66 %	135/80	167	00	
Recovery	08:51	2:00	00.0	00.0	01.0	122	65 %	130/80	158	00	
Recovery	08:58	2:07	00.0	00.0	01.0	127	68 %	130/80	165	00	

FINDINGS :

TMT-Negative

Exercise Time : 06:04
Max HR Attained : 203 bpm 108% of Target 188
Max BP Attained : 135/80
Max WorkLoad Attained : 7.2 Fair response to induced stress
Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete

REPORT This is Sample Report 3

Heart Rate 127.0 bpm
 Systolic BP 135.0 mmHg
 Diastolic BP 80.0 mmHg
 Maximum Depression 0.3
 Exercise Time 06:04 Mins.
 Ectopic Beats 0.0
 METS 7.2

डॉ. नितिन अग्रवाल
 डी.एम.
 हृदय रोग विशेषज्ञ

Doctor : DR. NITIN AGARWAL (DM)

APPLE CARDIAC CARE

4083 / M: YASH PAL GANGWAR / 32 Yrs / M / 179 Cms / 90 Kg / HR : 130

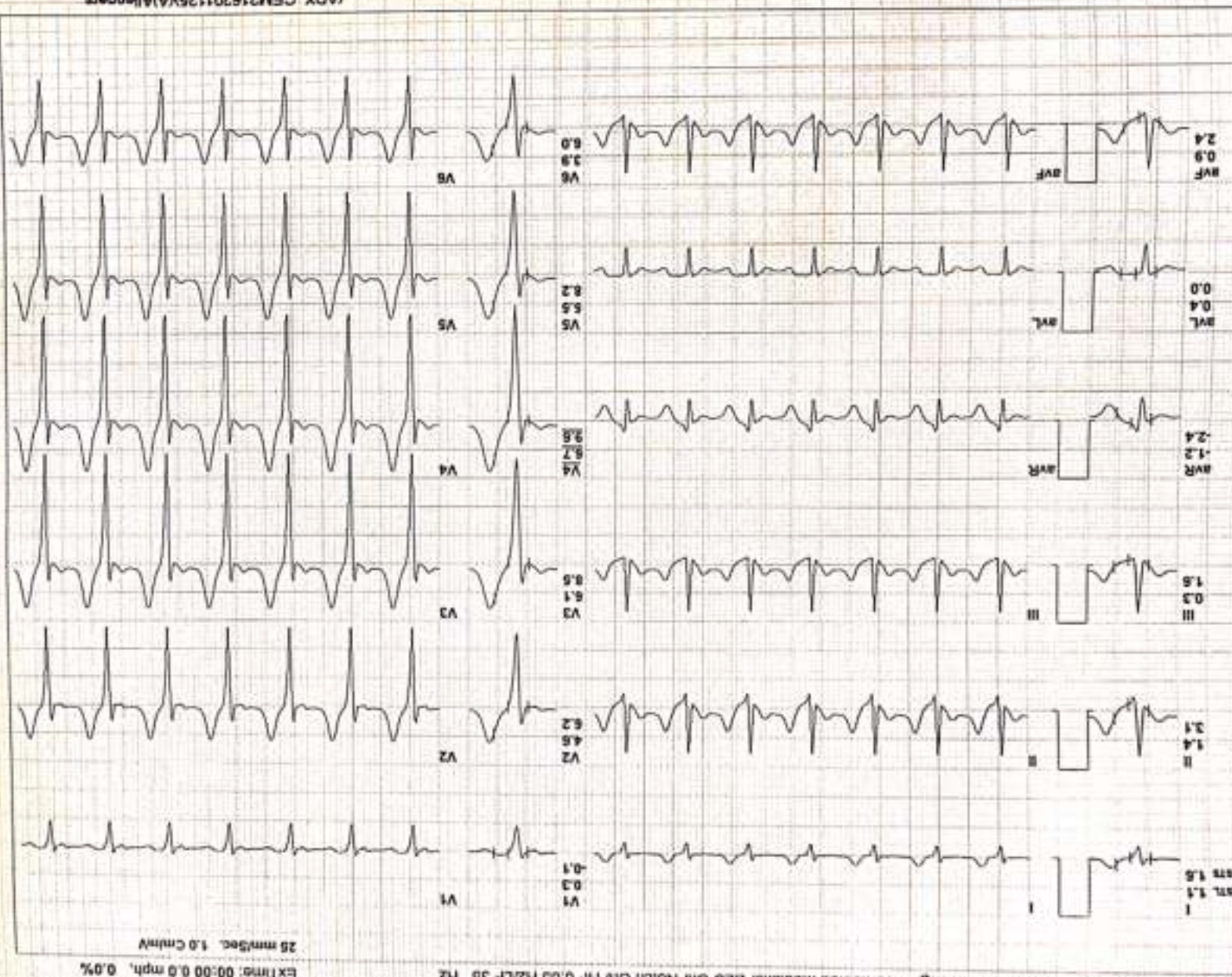
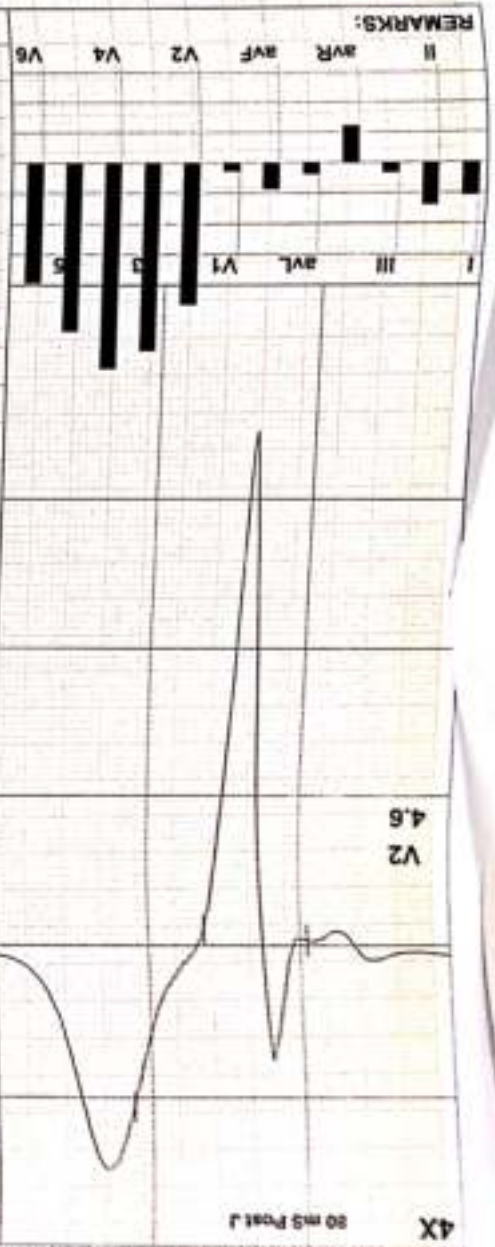
Date: 27-Jun-2024 01:35:59 PM METS: 1.0/ 130 bpm 69% of THR

BP: 126/75 mmHg Combined Median/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

EXTIME: 00:00 0.0 mph, 0.0%

25 mm/Sec, 1.0 Cm/mV

SUPINE (00:03)



(ADX_GEM216201125)(A)Mhengers



Date: 27-Jan-2024 01:35:59 PM

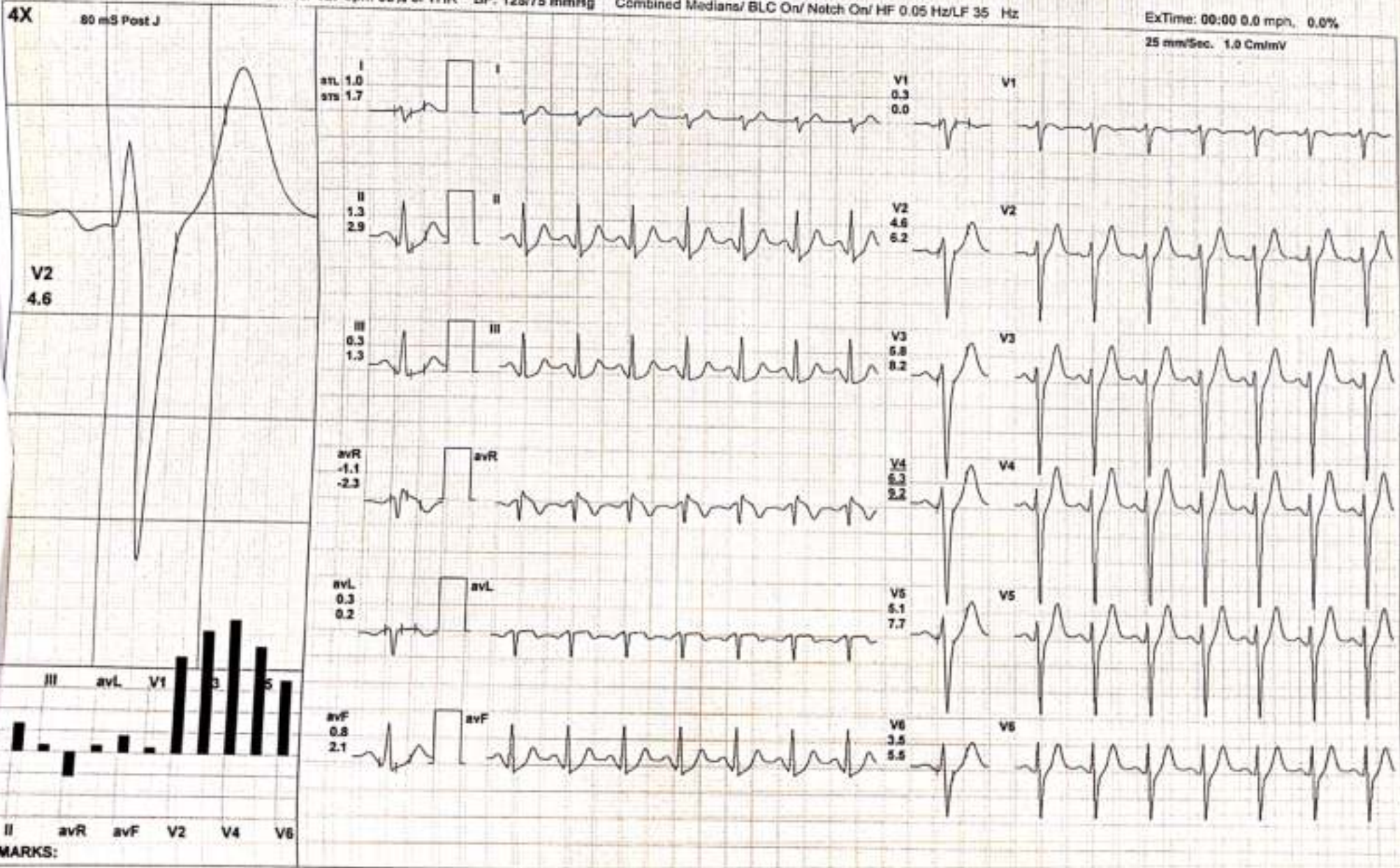
METS: 1.0/ 127 bpm 68% of THR

BP: 125/75 mmHg

Combined Mediana/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



EMARKS:

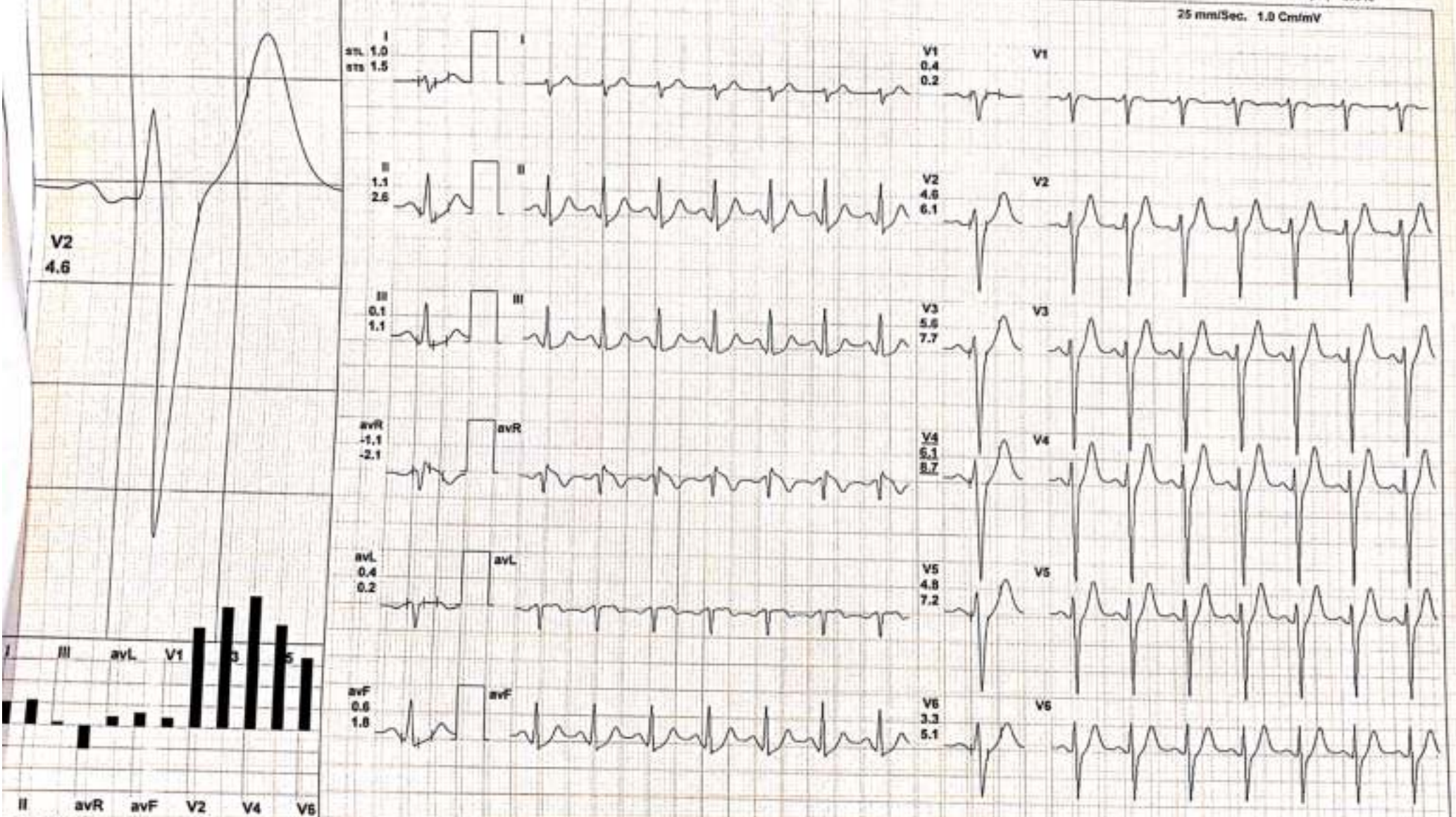
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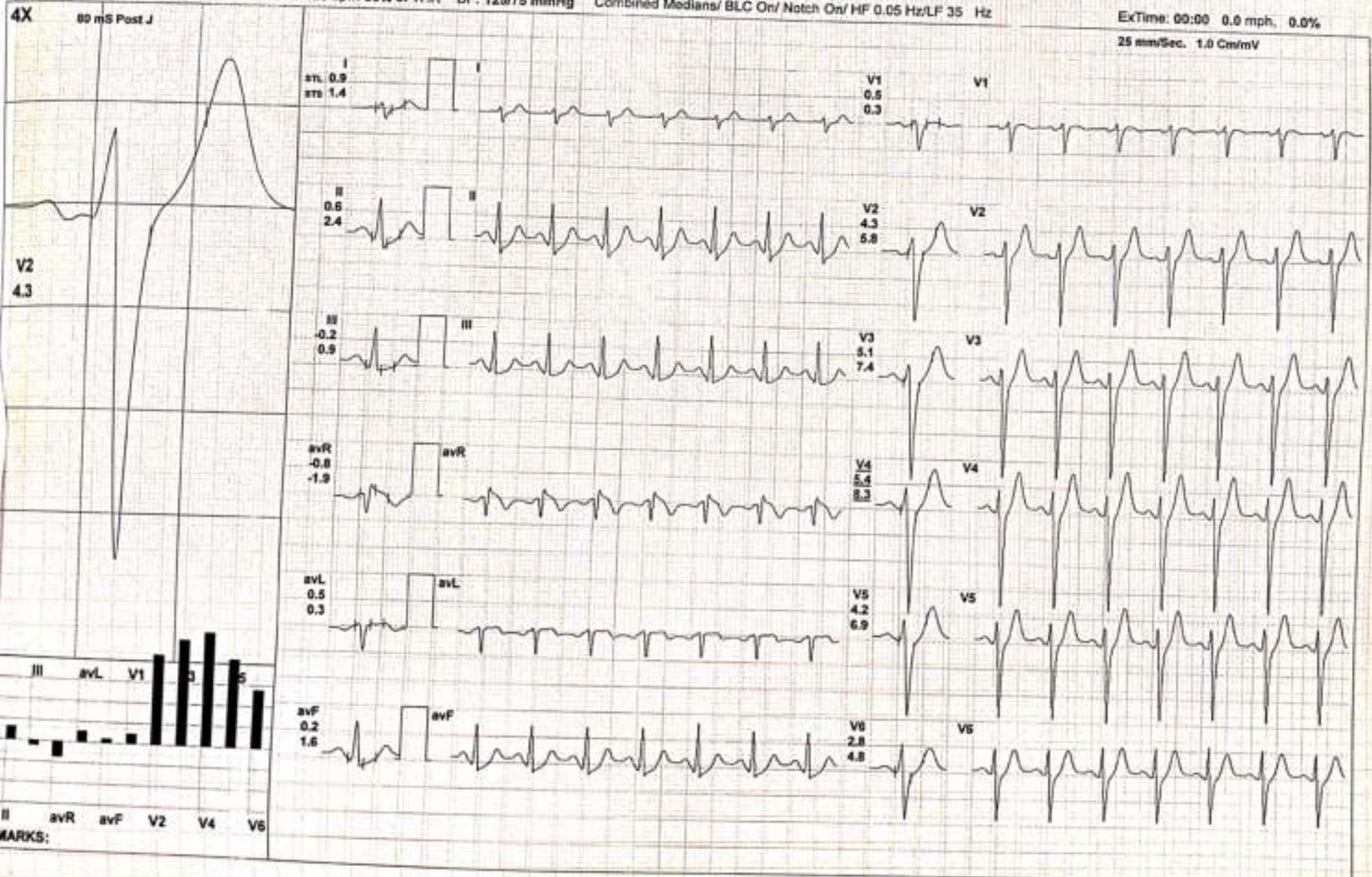
Date: 27-Jan-2024 01:35:59 PM METS: 1.0/ 126 bpm 67% of THR BP: 125/75 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



EMARKS:





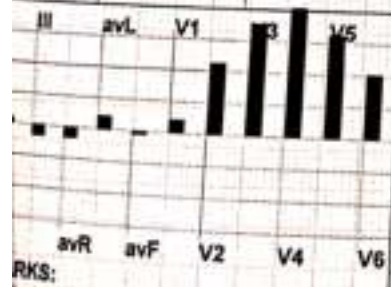
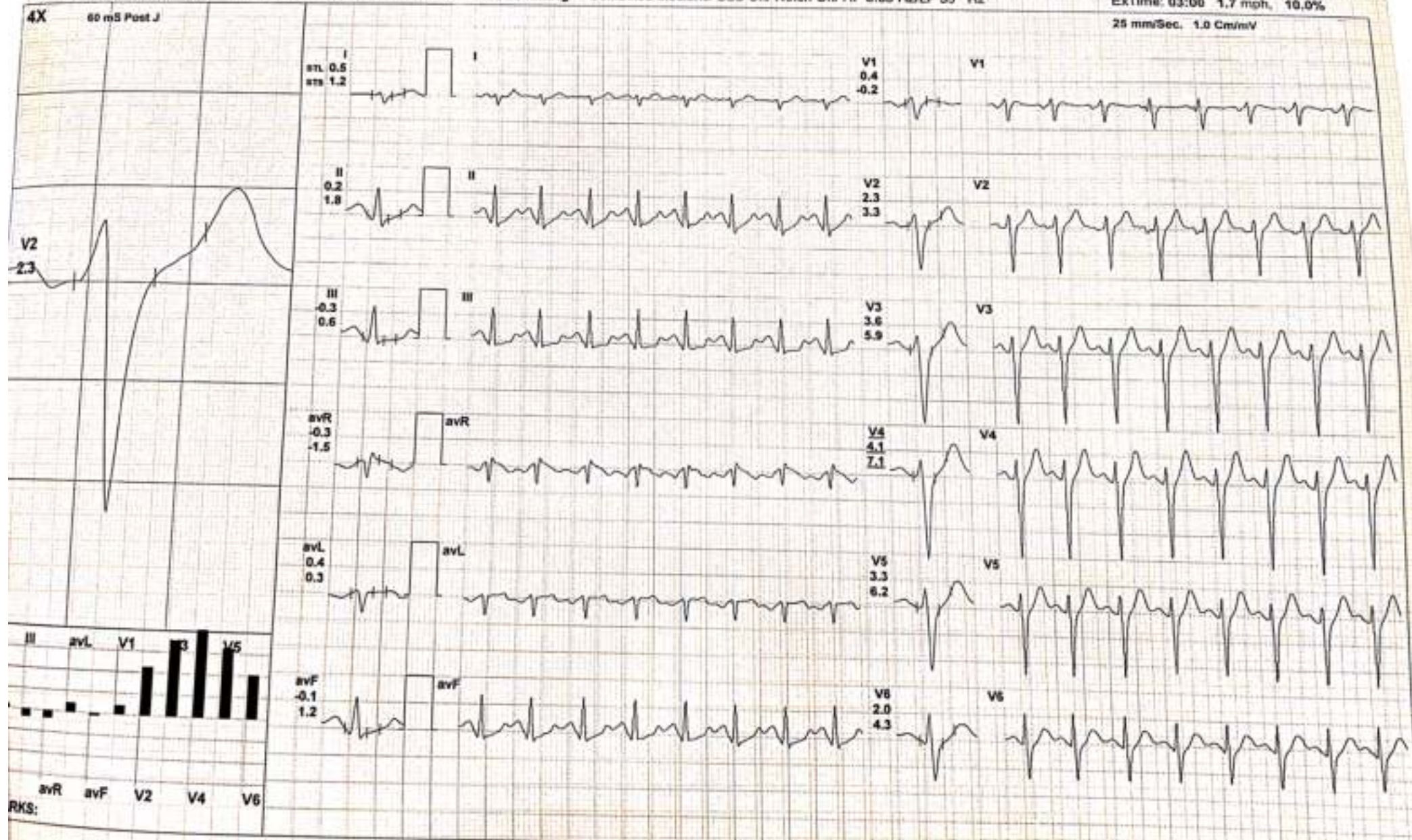
4083 / Mr. YASH PAL GANGWAR / 32 Yrs / M / 179 Cms / 90 Kg / HR : 155

Date: 27-Jan-2024 01:35:59 PM METS: 4.7/ 155 bpm 82% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 60 mS Post J

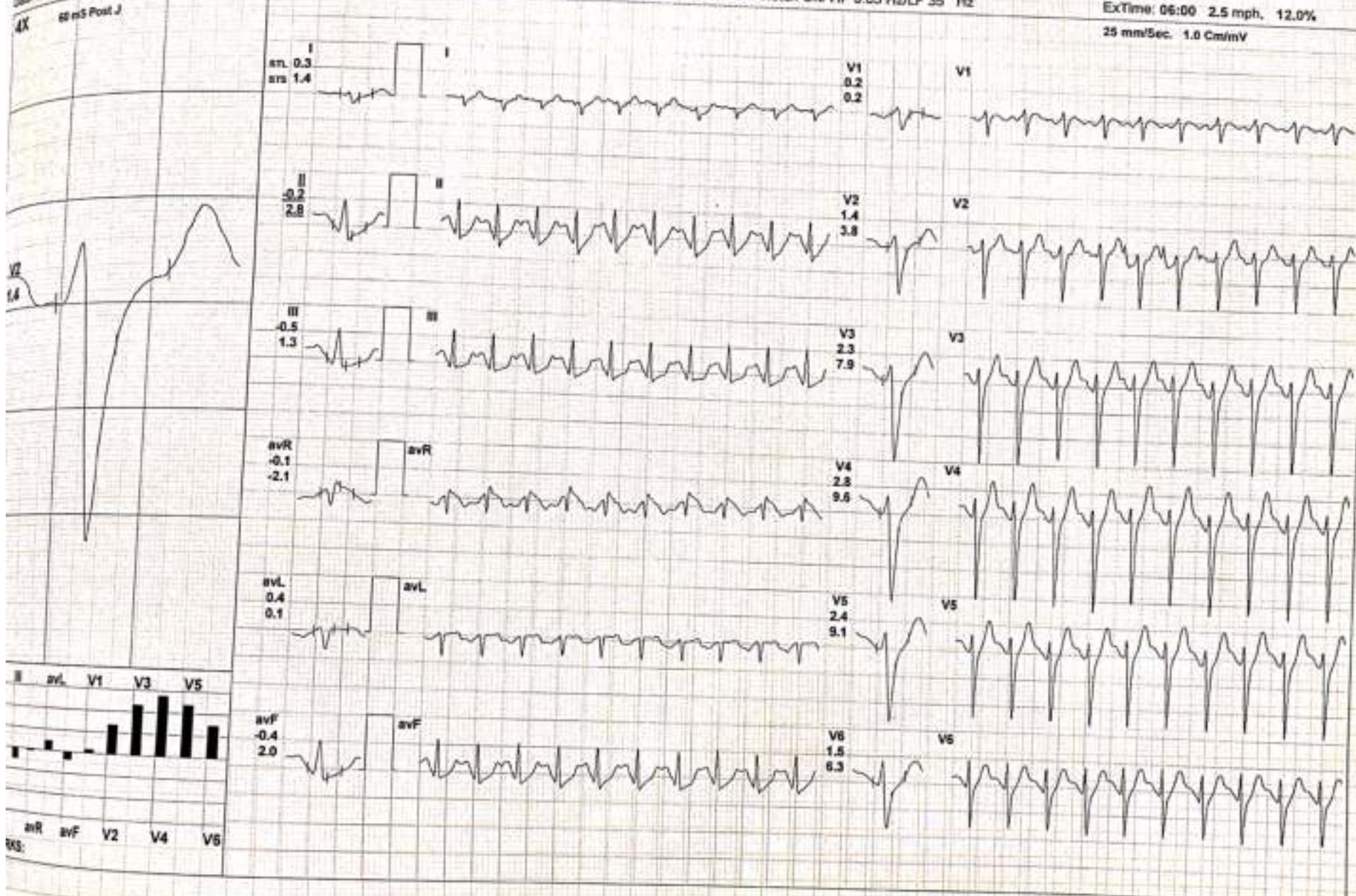
25 mm/Sec. 1.0 Cm/mV





Date: 27-Jan-2024 01:35:59 PM METS: 7.1/ 183 bpm 97% of THR BP: 135/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%
25 mm/Sec. 1.0 Cm/mV



(ADX_GEM216201125)(A)Allengers

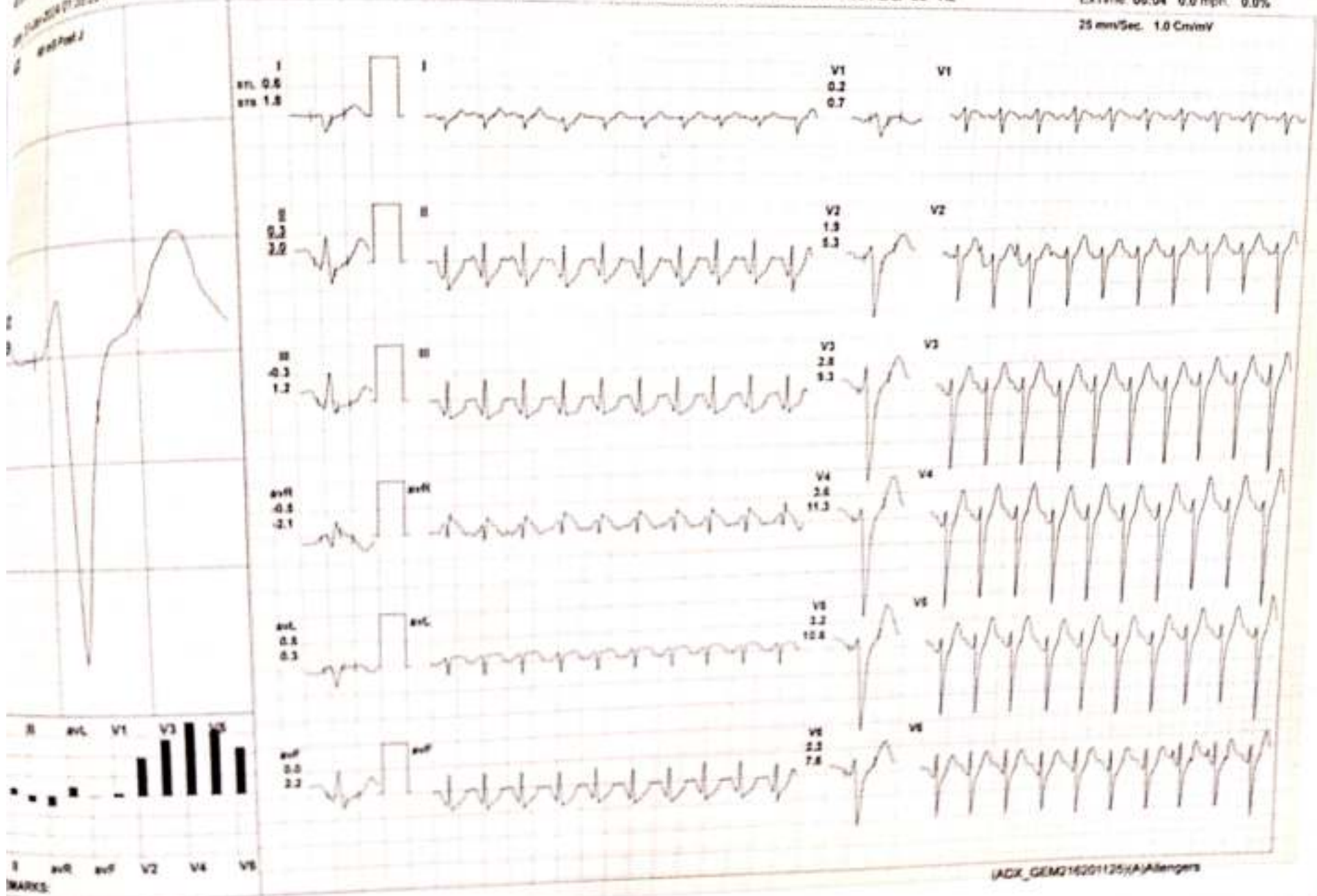


08/10/2024 07:30:55 PM
#007002

METS 4.1/ 179 bpm 95% of THR BP 135/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 06:04 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

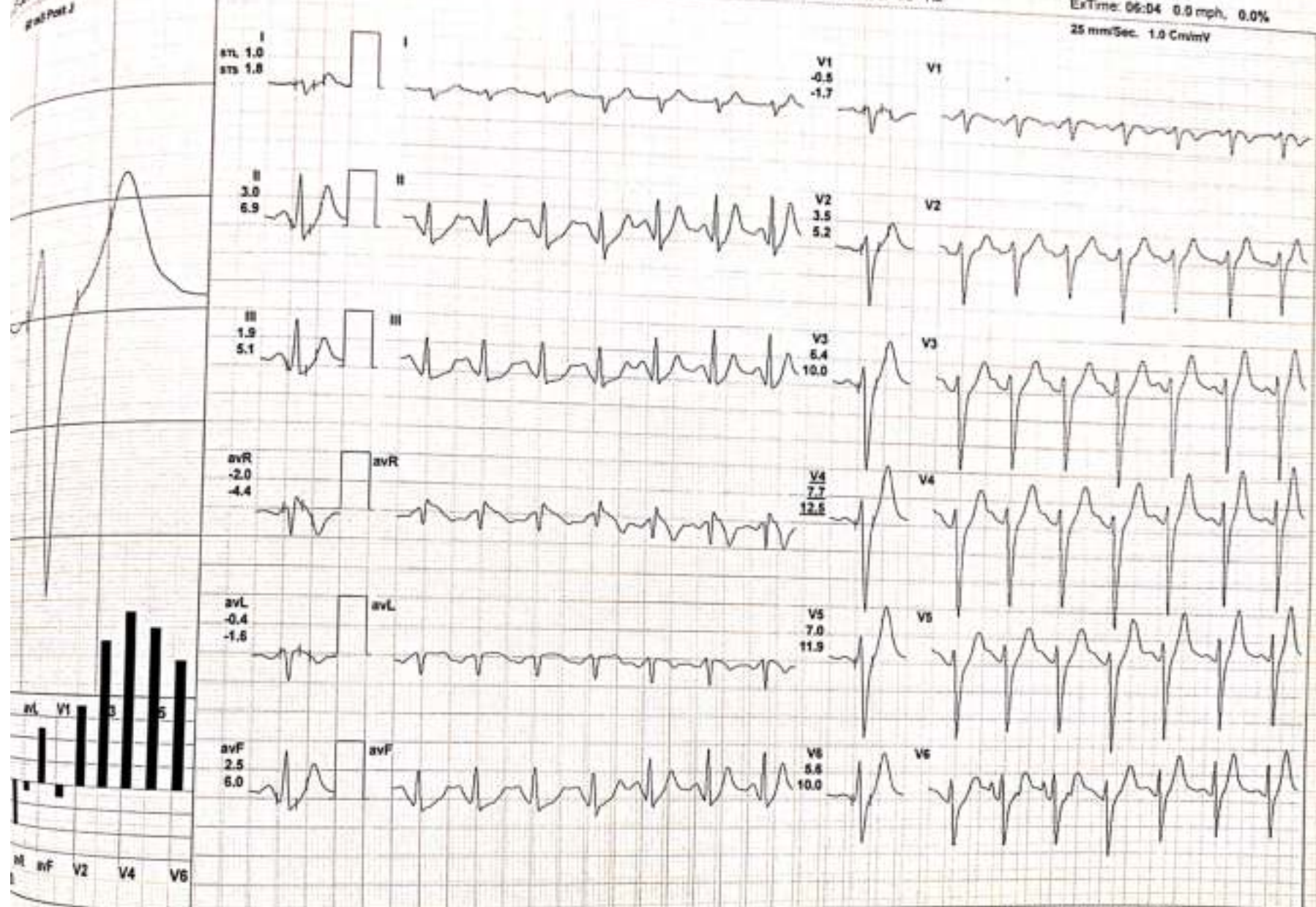


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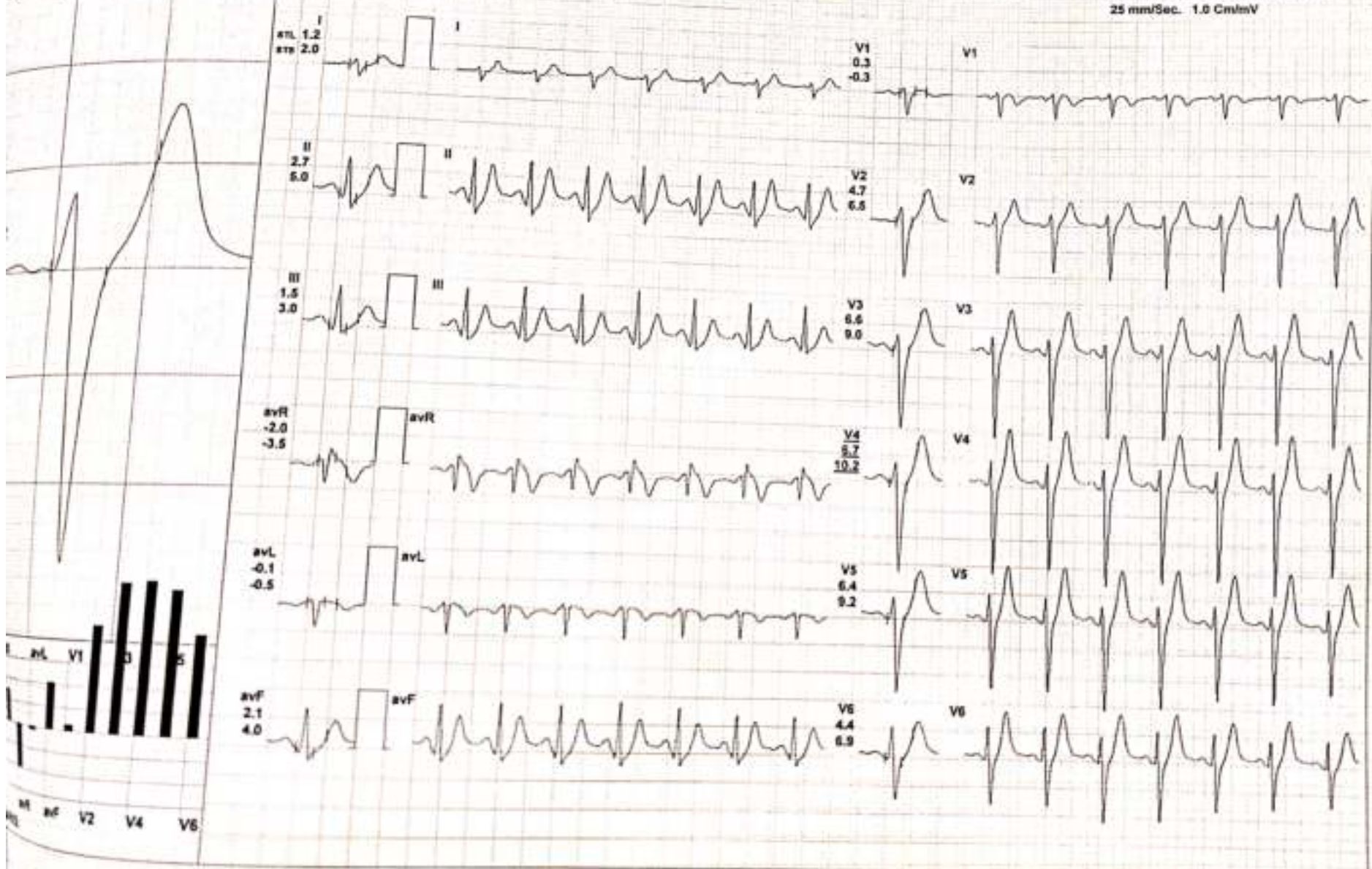


07:38:59 PM METS: 1.1/ 124 bpm 66% of THR BP: 135/80 mmHg Combined Mediana/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:04 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



(ADX_GEM216201125)(A)Allengers

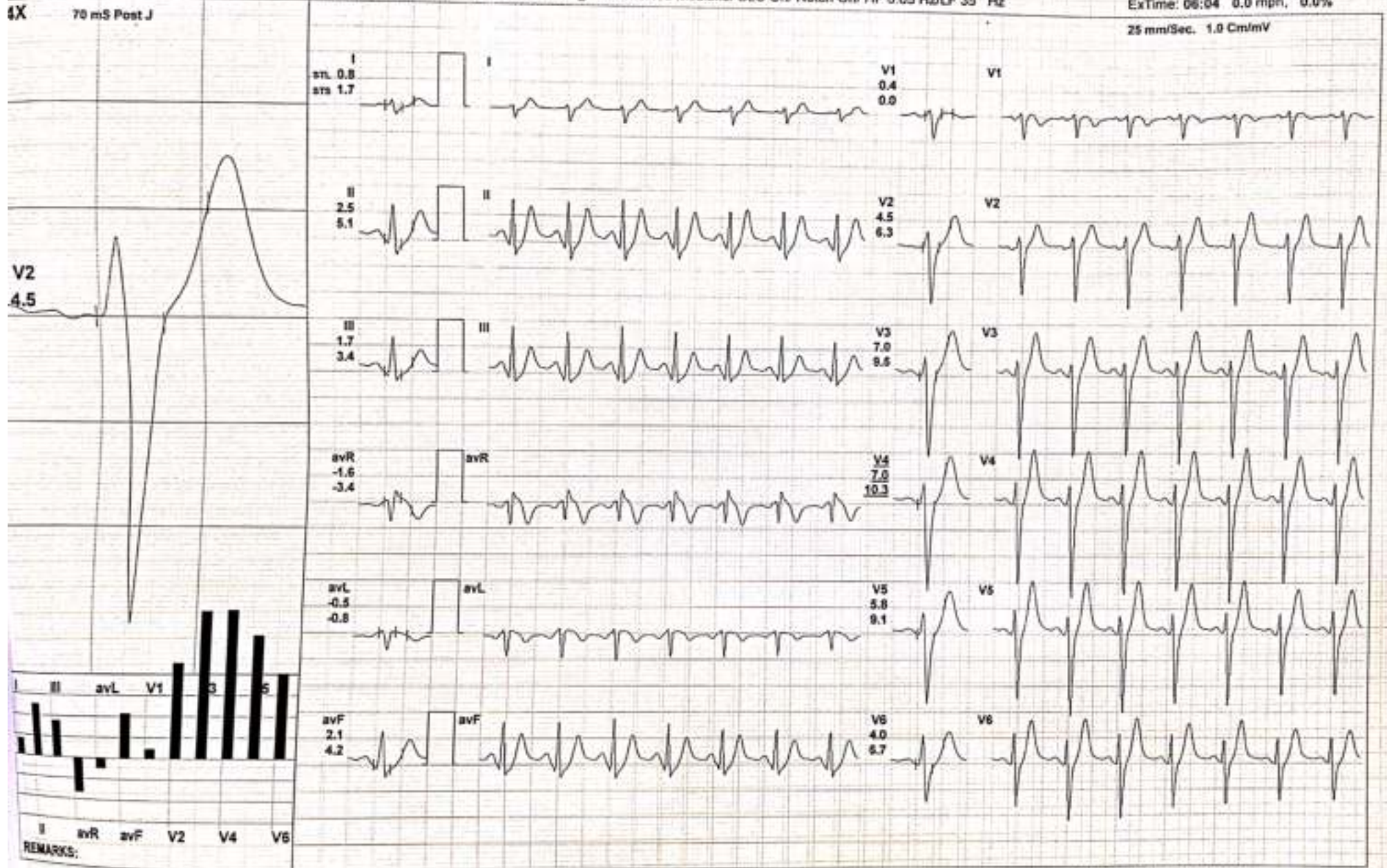




1083 / Mr. YASH PAL GANGWAR / 32 Yrs / M / 179 Cms / 90 Kg / HR 127

Date: 27-Jan-2024 01:35:59 PM METS: 1.0/ 127 bpm 68% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:04 0.0 mph, 0.0%



(ADX_GEM216201125)/A/Allengers



॥ ॐ गणेशाय नमः ॥

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, 6395228718

MR. YASH PAL 30/M
DR. NITIN AGARWAL, DM

27-01-2024

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

(TYPIST DEEPA TANDON)

Counter sign

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



NOT VALID FOR
MEDICO LEGAL PURPOSE



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MR. YASH PAL AGE—32Y/M
DR. NITIN AGARWAL, DM

27-01-2024

EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is enlarged 17.3 cm 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 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. **Small 2 mm concretion is seen at upper pole. No hydronephrosis 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: - ENLARGED FATTY LIVER (GRADE 1).
LEFT SIDED SMALL RENAL CONCRETION AT UPPER POLE**

ADV—LIVER FUNCTION TEST

DR LOKESH GOYAL
MD
RADIOLOGIST

DR APURGOOP REDDY
MD
RADIOLOGIST

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—

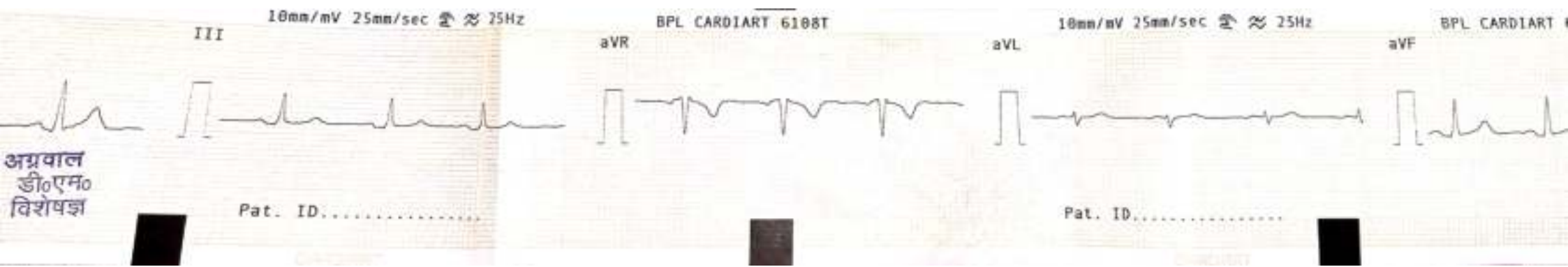
डिजिटल एक्स-रे, मल्टी स्लाइस
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE





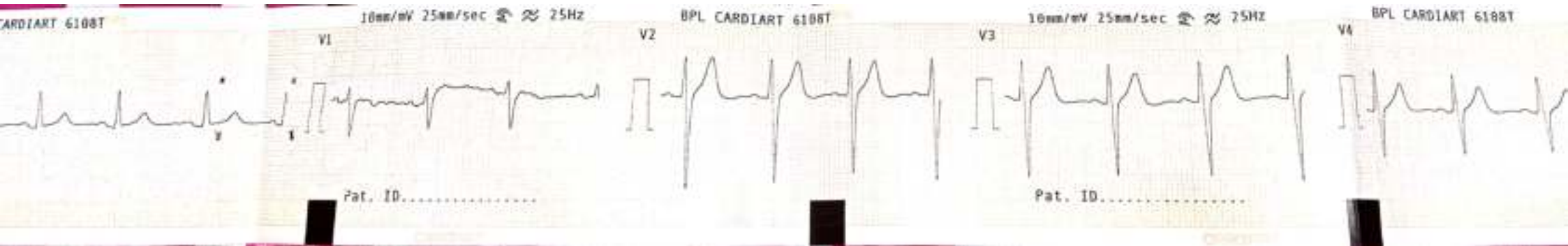


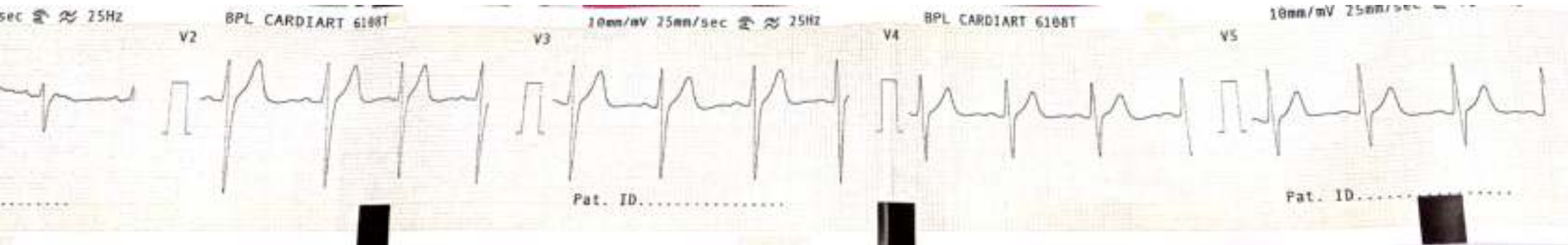
अग्रवाल
डी०एम०
विशेषज्ञ

Pat. ID.....

Pat. ID.....







0mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

18mm/mV 25mm/sec

BPL CARDIART 6108T

V4

V5

V6



ID.....

Pat. ID.....

