A Venture of Apple Cardiac Care
A-3, Ekta Nagar, Stadium Road, Reg.NO.
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448

APPLE PATHOLOGY
TRUSTED RESULT

Reg.NO.	: 78	DATE	: **30/07/2023**
NAME	: **Mr. RITESH KUMAR**	AGE	: 36 Yrs.
REFERRED BY	: Dr.Nitin Agarwal (D M)	SEX	: MALE
SAMPLE	: BLOOD		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HORMONE		
Triiodothyronine (T3)	0.98	ng/ml	0.60-1.81
Thyroxine (T4)	7.47	ug/dl	5.01-12.45
THYROID STIMULATING HORMONE [TSH.]	3.20	uIU/mL	0.35-5.50

NORMAL RANGE:
Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 `uIU/mL.
Normal newborn infants (TSH measured 4 days after birth): Between 1.3 to 16 uIU/mL.
Babies (1-11 months): 0.9 to 7.7 uIU/mL.
Kids (1 year till the onset of puberty): 0.6 to 5.5 uIU/mL.
ADULT : 0.21-4.2uIU/mL.

TSH(Thyroid stimulating hormone:Thyrotropin) is a hormone secreted by the anterior pituitary.It is a recommended initial test for the screening and diagnosis of hyperthyroidism and hypothyroidism.It is especially useful in early or subclinical hypothyroidism before the patient develops clinical findings ,goiter,or abnormalities of other thyroid tests.

Thyroxine,(Total T4 Assay) Is a hormone secreted by the thyroid gland which is predominantly bound to carrier proteins,(99%).it is used in the diagnosis of hyperthyroidism when it is increased. It is found decreased in hypothyroidism and hypoproteinemia.Its values are not affected by nonthyoidal iodine.

Triiodothyronine(Total T3 Assay) Is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3.As T3 is physiologically more active it it plays an important part in maintaing euthyroidism.It is used in T3 thyrotoxicosis ,monitoring the course of hyperthyroidism.

Method : Chemiluminescence Immuno Assays.

—{End of Report}—

Dr. Shweta Agarwal
MD (Pathology), Apple, Pathology
Bareilly (U.P.)

Report is not valid for medicolegal purpose

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.2	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,200	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	61	%	40-75
Lymphocytes	39	%	20-45
Eosinophils	00	%	01-08
TOTAL R.B.C. COUNT	3.58	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	46.3	%	35-54
M C V	93.5	fL	76-96
M C H	31.2	pg	27.00-32.00
M C H C	33.2	g/dl	30.50-34.50
PLATELET COUNT	1.85	lacs/mm3	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
	BIOCHEMISTRY		
BLOOD SUGAR F.	**189**	mg/dl	60-100
	HAEMATOLOGY		

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN	7.5		

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 UREA NITROGEN	17	mg/dL.	5 - 25
SERUM CREATININE	0.6	mg/dL.	0.5-1.4
URIC ACID	6.1	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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	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	22	IU/L	0-40
SGPT	17	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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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	195	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	**169**	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	33.8	mg/dL.	15 - 40
LDL CHOLESTEROL	112.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.98	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.29	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 indefining cardiovascular risk factors and in the managment 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.

HAEMATOLOGY

BLOOD GROUP

Blood Group	A		
Rh	POSITIVE		

BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT)	26	U/L	7-32

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD SUGAR P.P.	217	mg/dl	80-160

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		
Appearence	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	3-5	/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}---

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

Dr. Nitin Agarwal

॥ 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

30-07-2023

MR. KUMAR RITESH 34/M
DR. NITIN AGARWAL, DM

REPORT

EXAMINATION PERFORMED: X-RAY CHEST

Mild roto-scoliosis is seen.

Expiratory film

B/L lung fields are grossly clear

Both of the CP angles are clear.

Both hila show a normal pattern .

Cardiac and mediastinal borders appear normal.

Not for medico-legal purpose

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

Dr. Nitin Agarwal
MD., DM (Cardiology)
Consultant Interventional Cardiologist
Cell : +91-94578 33777
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Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi

APPLE CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC

RITESH [illegible] [illegible]

30/7/23

120/80
[illegible]
42

[illegible] [illegible] [illegible]
by Dr. Sandeep [illegible]

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. पर्चा पाँच दिन के लिये मान्य

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DR. NITIN AGARWAL,DM

EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN MALE

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.
11 mm renal cortical cyst is seen at upper pole on left side.

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.

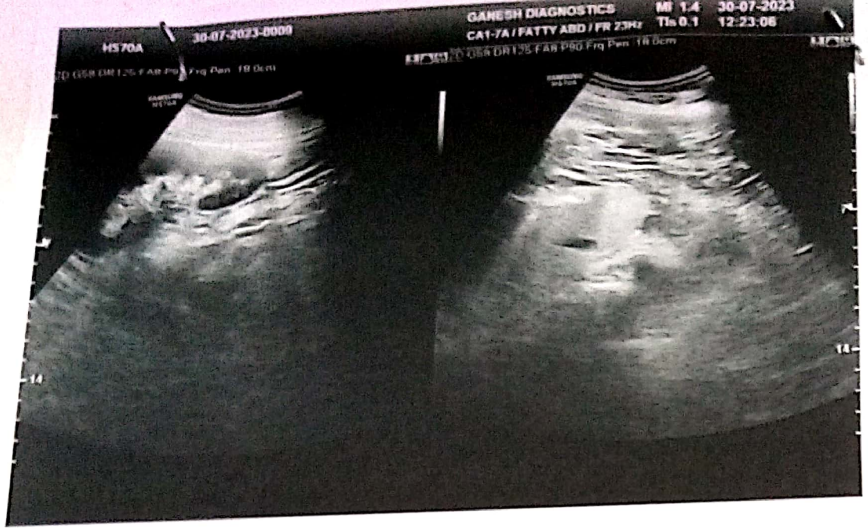
Bowel loops are non- dilated; gas filled & show normal peristaltic activity.

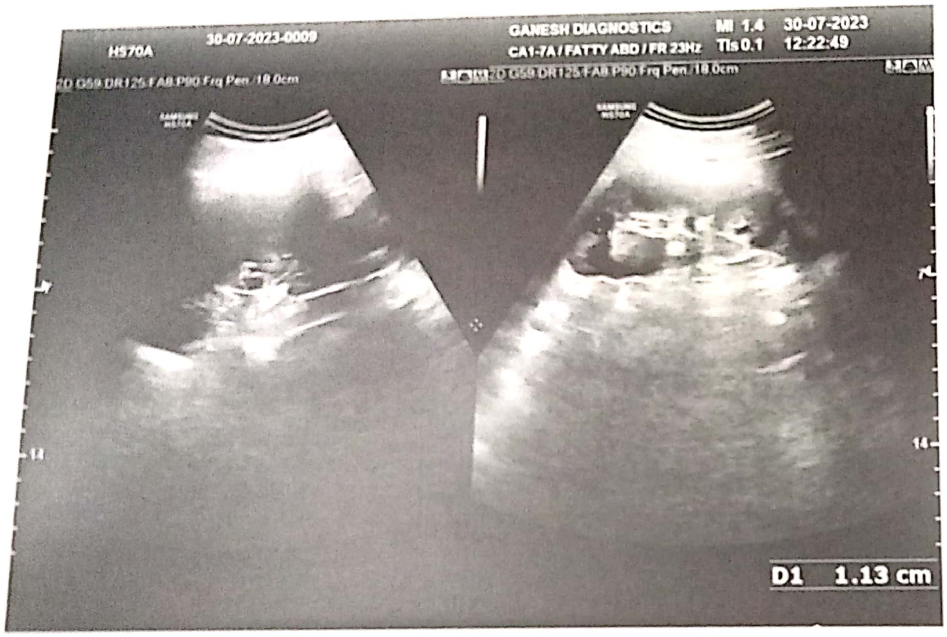
IMPRESSION: - **LEFT SIDED RENAL CORTICAL CYST AT UPPER POLE**

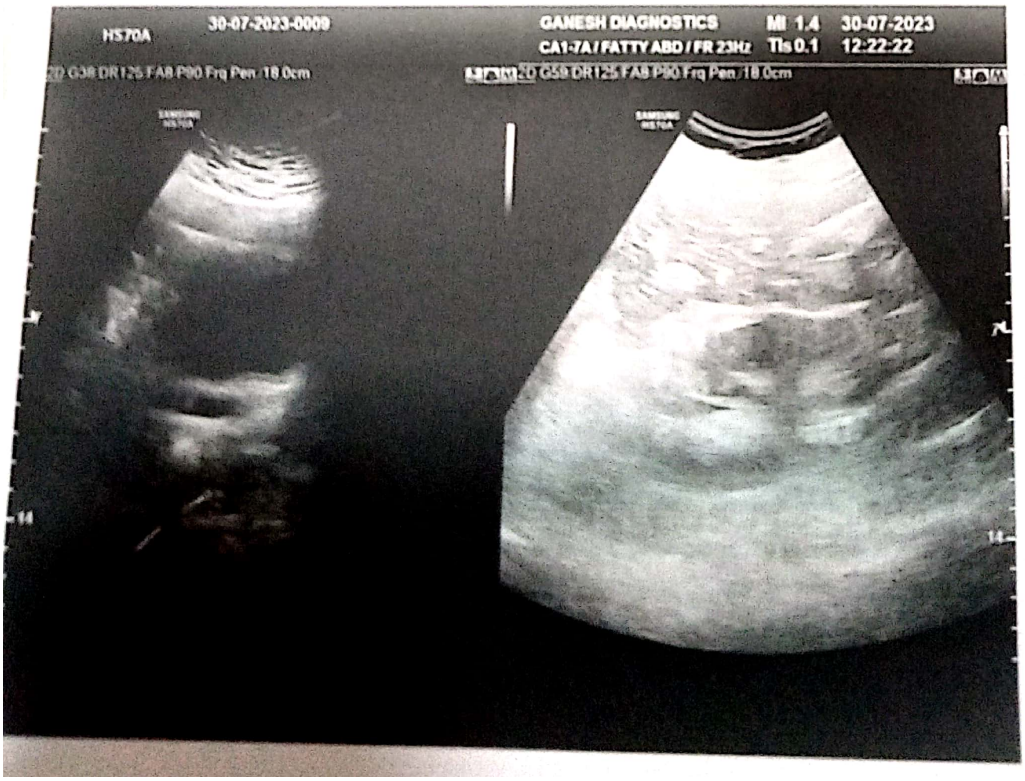
ADV—clinical correlation for bowel disorder

DR LOKESH GOYAL
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







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APPLE CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC
A UNIT OF PRIME HEART CARE

NAME	Mr. RITESH KUMAR	AGE/SEX	36 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	30/07/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

MEASUREMENTS		VALUE	NORMAL DIMENSIONS
LVID (d)	4.5	cm	(3.7 –5.6 cm)
LVID (s)	2.5	cm	(2.2 –3.9 cm)
RVID (d)	2.4	cm	(0.7 –2.5 cm)
IVS (ed)	1.0	cm	(0.6 –1.1 cm)
LVPW (ed)	1.0	cm	(0.6 –1.1 cm)
AO	2.3	cm	(2.2 –3.7 cm)
LA	3.2	cm	(1.9 –4.0 cm)
LV FUNCTION			
EF	60	%	(54 –76 %)
FS	30	%	(25 –44 %)

LEFT VENTRICLE : No regional wall motion abnormality
No 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

ON DOPPLER INTERROGATION THERE WAS :

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

MITRAL FLOW E= 0.8 m/sec A= 0.6 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
- NORMAL LV DIASTOLIC FUNCTION
- 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.