

A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



Reg.NO. : 279
NAME : **Mrs. VINITA DEVI**
REFERRED BY : Dr. Nitin Agarwal (D M)
SAMPLE : BOOD

DATE : **08/07/2023**
AGE : 41 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOTOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.5	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	5,300	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	33	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	3.92	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.0	%	35-54
M C V	91.8	fL	76-96
M C H	29.3	pg	27.00-32.00
M C H C	31.9	g/dl	30.50-34.50
PLATELET COUNT	1.64	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00- 20
BLOOD GROUP			
Blood Group	B		
Rh	POSITIVE		

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GLYCOSYLATED HAEMOGLOBIN	5.2		

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

Gamma Glutamyl Transferase (GGT)	26	U/L	11-50
BLOOD SUGAR F.	75	mg/dl	60-100
BLOOD UREA NITROGEN	18	mg/dL.	5 - 25
SERUM CREATININE	0.7	mg/dL.	0.5-1.4
URIC ACID	5.9	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

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

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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	6.8	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.8	Gm/dL	2.3 - 3.5
A : G Ratio	1.43		0.0-2.0
SGOT	36	IU/L	0-40
SGPT	45	IU/L	0-40
SERUM ALK.PHOSPHATASE	96	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	190	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	180	mg/dl.	30 - 160
HDL CHOLESTEROL	38	mg/dL.	30-70
VLDL CHOLESTEROL	36	mg/dL.	15 - 40
LDL CHOLESTEROL	116	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	5	mg/dl	
LDL/HDL CHOLESTEROL RATIO	3.05	mg/dl	

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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URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	25	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		

BIOCHEMISTRY

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APPLE
PATHOLOGY
TRUSTED RESULT

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REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BOOD

DATE : 08/07/2023
AGE : 41 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR P.P.	125	mg/dl	80-160

--{End of Report}--

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

NAME	Mrs. VINEETA DEVI	AGE/SEX	41 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	08/07/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
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	2.2 cm	(2.2 –3.7 cm)
LA	3.0 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
 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

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

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

we

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.



ALPHA DIAGNOSTICS

D/115, Gulmohar Park, Near Delapiper Talab,
Rajendra Nagar, Bareilly (U.P.)
+91-7642012345, 7642812345, 0581-4015223
contact@alphadiagnostic.in
alphadiagnostic07@gmail.com
www.alphadiagnostic.in



Patient ID 10233703
Name Mrs. VINIETA
Sex/Age Female-41 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen

Reg. Date 08/07/2023 11:31:54
Collected On
Received On
Reported On 08/07/2023 12:10:43
Permanent ID

X-RAY CHEST PA VIEW

Trachea is central in position,
Bony cage is normal,
Both hila are normal,
No definite evidence of pleuro pulmonary pathology
Both CP angles are clear,
Cardio - thoracic ratio is within normal limit,
Both diaphragms are normal in position and contour.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR SUBHAJIT DUTTA
MD (RADIOLOGIST), DNB

Page No 1 of 1

- CT Scan (96 Slice)
- 4D Ultrasound
- Color Doppler
- Serology
- Spirometry
- Digital X-Ray
- Histopathology
- Biochemistry
- Cytology
- Microbiology
- Video Bronchoscopy
- Semen Wash For IUJ
- Complete Hematology
- PCR For Covid-19 (Truenat)





Patient ID 10233702
Name Mrs. VINEETA
Sex/Age Female 41 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 08/07/2023 11:30:33
Collected On
Received On
Reported On 08/07/2023 12:09:41
Permanent ID

USG WHOLE ABDOMEN

Liver - is normal in size (12.7 cm). Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatis - normal

Gall bladder - Normal physiological distension. No calculus in lumen. Wall thickness is normal. CBD - normal.

Pancreas - is normal in thickness and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

Spleen - is normal in size and normal echotexture.

Both kidneys - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder - No calculus is seen in the lumen. Wall is smooth and regular.

Uterus - is bulky in size (9.0 x 5.4 x 4.5 cm). Myometrium appears to be heterogenous with tiny hypoechoic SOLs. Central endometrium echo complex is normal.

B/L ovary/ adnexa - normal in size.

No definite evidence of fluid is seen in pouch of Douglas.

IMPRESSION:

- Bulky heterogenous uterus.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



Subhajit

DR SUBHAJIT DUTTA

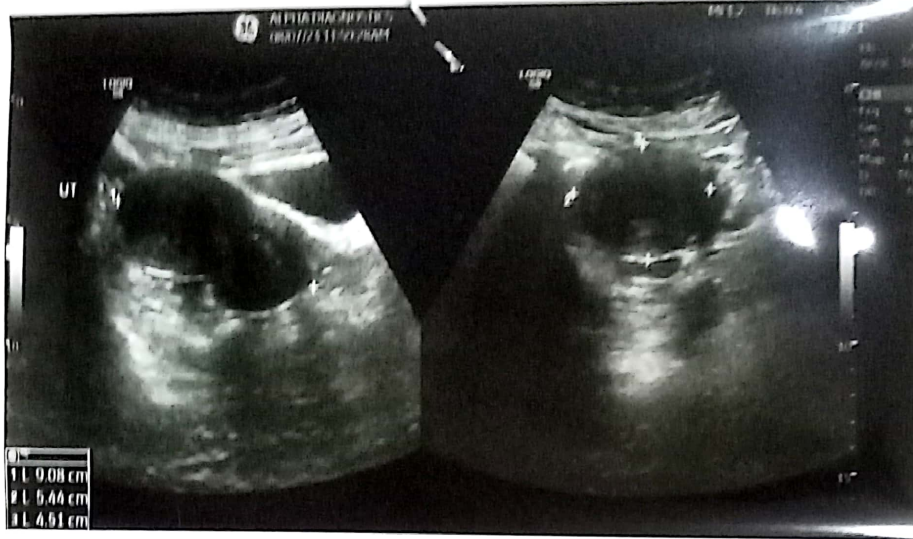
MD (RADIODIAGNOSIS), DNB

Page No 1 of 1



- CT Scan (96 Slice)
- 4D Ultrasound
- Color Doppler
- 2D Echo
- Spirometry
- Digital X-Ray
- Serology
- Biochemistry
- Cytology
- Histopathology
- Microbiology
- Video Bronchoscopy
- Semen Wash For IUI
- Complete Hematology
- PCR For Covid-19 (Truenat)





Vineethy



Patient ID 10233700
Name Mr. PINKU
Sex/Age Male 46 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 08/07/2023 11:26:35
Collected On
Received On
Reported On 08/07/2023 12:04:23
Permanent ID P10100015874

USG WHOLE ABDOMEN

Liver - is enlarged in size (14.1 cm). Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatis - normal

Gall bladder - Normal physiological distension. No calculus in lumen. Wall thickness is normal. CBD - normal.

Pancreas - is normal in thickness and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

Spleen - is normal in size and normal echotexture.

Both kidneys - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder - No calculus is seen in the lumen. Wall is smooth and regular.

Prostate - Size is normal (16 gm), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Hepatomegaly with Grade I fatty changes of liver.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



Subhajit
DR SUBHAJIT DUTTA
MD (RADIOLOGIST), DNB

Page No 1 of 1





Patient ID 10233701
Name Mr. PINKU
Sex/Age Male 46 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 08/07/2023 11:29:51
Collected On
Received On
Reported On 08/07/2023 12:21:08
Permanent ID P10100015874

X-RAY CHEST PA VIEW

Trachea is central in position.
Bony cage is normal.
Both hila are normal.
No definite evidence of pleuro pulmonary pathology
Both CP angles are clear.
Left ventricular hypertrophy seen.
Both diaphragms are normal in position and contour.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV – PLEASE CORRELATE CLINICALLY.

*** End of Report ***



Subjit
DR SUBHAJIT DUTTA
MD (RADIOLOGY), DNB

Page No 1 of 1

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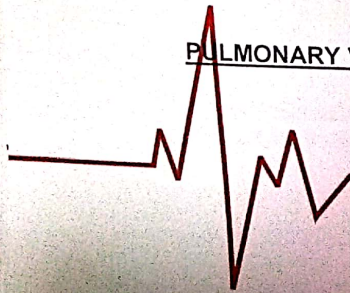
APPLE
CARDIAC CARE
 DR. NITIN AGARWAL'S HEART CLINIC
 A UNIT OF PRIME HEART CARE

NAME	Mr. PINKU	AGE/SEX	46 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	08/07/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
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LVID (s)	2.6 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	2.0 cm	(2.2 –3.7 cm)
LA	3.2 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
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



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

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
- 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.



ALPHA DIAGNOSTICS
08/07/23 11:55 AM

M12 H.04 C16

ABD 1

LOGIO
S8

LOGIO
S8

LIVER

LT KIDNEY

1 L 14.20 cm

R. Pinlay

Dr. Nitin Agarwal

MD, DM (Cardiology)

Consultant Interventional Cardiologist

Cell : +91-94578 33777

Formerly at :

Escorts Heart Institute & Research Centre, Delhi

Dr. Ram Manohar Lohia Hospital, Delhi



APPLE
CARDIAC CARE

DR. NITIN AGARWAL'S HEART CLINIC

Pinkish

D

8/1/23

124/80

86/62

96

Axillary

Co-Pulse 702

0

e

e

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



Dr. Nitin Agarwal

MD., DM (Cardiology)
Consultant Interventional Cardiologist
Cell : +91-94578 33777

Formerly at :
Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi



**APPLE
CARDIAC CARE**

DR. NITIN AGARWAL'S HEART CLINIC



Vinete

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96.

60

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Asymptomatic

hmi hlll cell.

Acute cell

T renew (July)

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e

A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

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VALID FOR 5 DAYS.

पचास पाँच दिन के लिये मान्य



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