

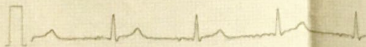
10mm/mV 25mm/sec 25Hz

I



BPL CARDIART 610BT

II



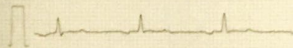
Pat. ID

Nikhlesh Kumar Singh

16/08/22

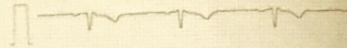
10mm/mV 25mm/sec 25Hz

III



BPL CARDIART 610BT

aVR



Pat. ID

10mm/mV 25mm/sec \approx 25Hz

BPL CARDIART 6188T

V1

aVL

aVF

Pat. ID.....

10mm/mV 25mm/sec \approx 25Hz

BPL CARDIART 6188T

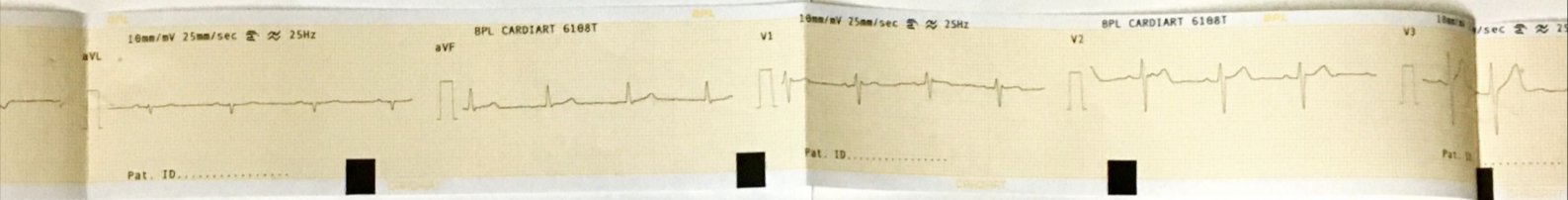
V2

V3

10mm/mV 25mm/sec \approx 25Hz

Pat. ID.....

Pat. ID.....

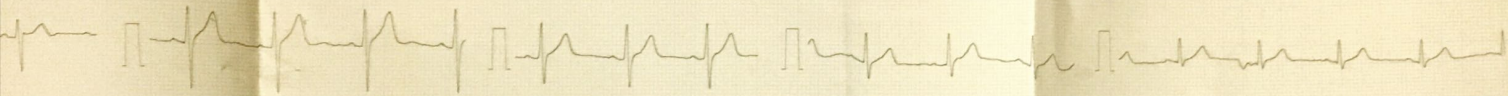


V3 10mm/mV 25mm/sec 25Hz

BPL CARDIART 6188T

V5 10mm/mV 25mm/sec 25Hz

BPL CARDIART 6188T



Pat. ID.....

Pat. ID.....

Mikhalesh Kumar Singh

28/11

$DV_A \begin{cases} 619 & -0.25DS - 0.50DC 10S - 616 \\ 619P & -0.50DS - 0.50DC 72 - 616 \end{cases}$

$MVA \begin{cases} 6 \\ 6 \end{cases}$

PatientID 0020

ExamID 3511

NAME Nikhilesh Kumar Singh

Date 08/16/2022

Time 13:52

ExamTime 170:16

28/11

(VD = 13.75 mm)

827

MANIFEST

	SPH	CYL	AXS
<R>	-0.25	-0.50	105
<L>	-0.50	-0.50	72
<FAR VA>			
	R	R+L	L

RM DATA

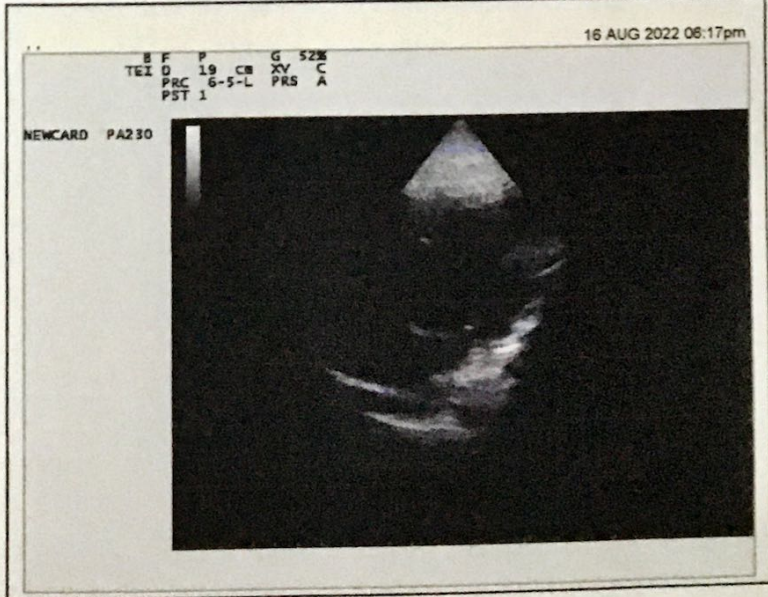
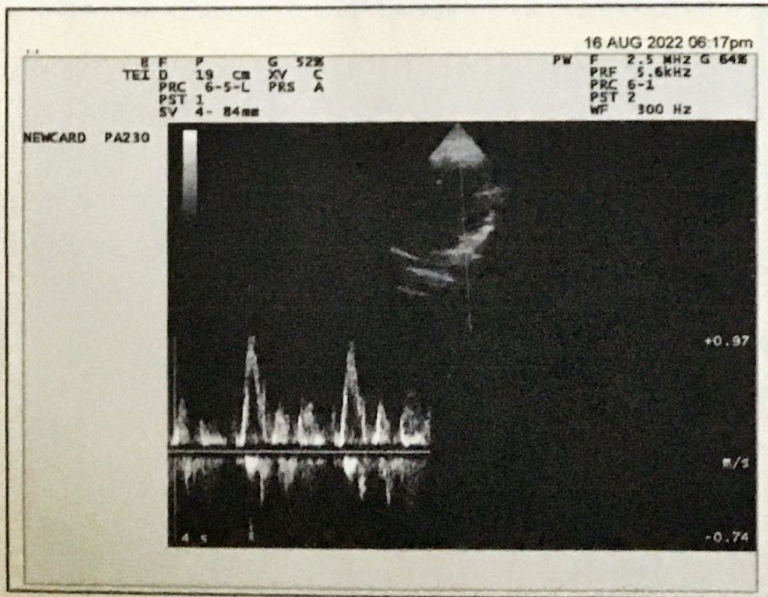
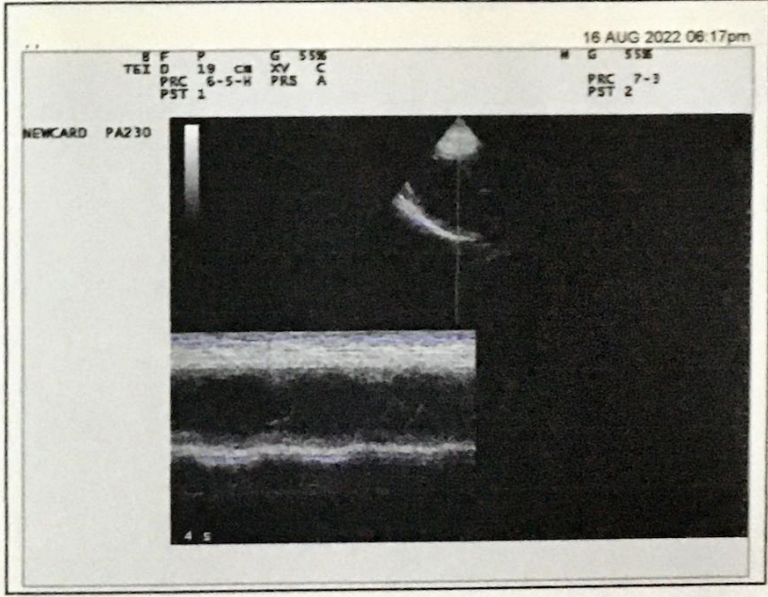
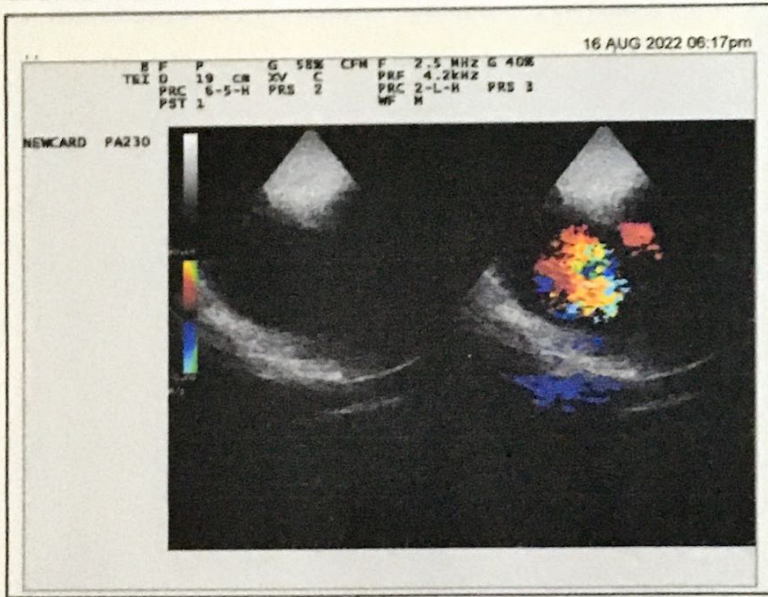
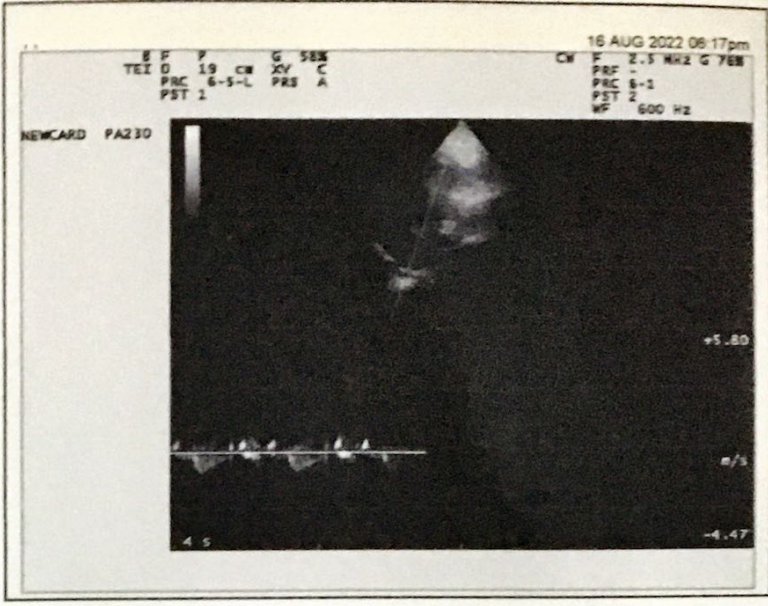
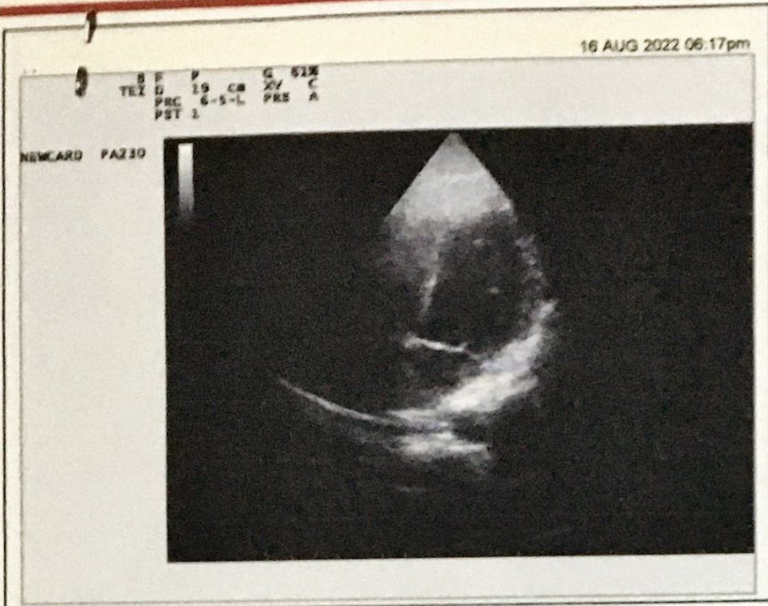
	SPH	CYL	AXS
<R>	-0.50	-0.50	105
<L>	-0.50	-0.75	72
<FAR VA>			
	R	R+L	L

FAR PD = 66.0 mm

TOPCON CV-5000

APPLE CARDIAC CARE, BAREILLY

Esote MyLab



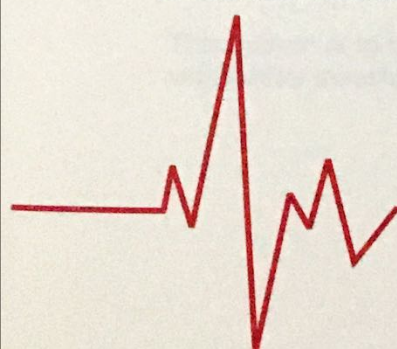


NAME	Mr. NIKHILESH KUMAR SINGH	AGE/SEX	28 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	16/08/2022

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.6 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	2.0 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



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.

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. : 190
NAME : **Mr. NIKHILESH KUMAR SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **16/08/2022**
AGE : 28 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.8	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	8,200	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	68	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.90	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	43.9	%	35-54
M C V	89.6	fL	76-96
M C H	30.2	pg	27.00-32.00
M C H C	33.7	g/dl	30.50-34.50
PLATELET COUNT	1.75	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	13	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	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



Reg.NO. : 190
 NAME : **Mr. NIKHILESH KUMAR SINGH**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **16/08/2022**
 AGE : 28 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	119	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	25	U/L	7-32
BLOOD UREA	26	mg/dL.	10-40
<p>* Low serum urea is usually associated with status of overhydration severe hepatic failure. * A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairment of renal function. In chronic renal failure, urea correlates better with the symptoms of uremia than does serum creatinine. * Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.</p>			
SERUM CREATININE	1.0	mg/dL.	0.5-1.4
URIC ACID	7.4	mg/dl	0-8

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	137	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.0	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5

Reg.NO. : 190
 NAME : **Mr. NIKHILESH KUMAR SINGH**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **16/08/2022**
 AGE : 28 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIVER PROFILE			
SERUM BILIRUBIN			
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
SERUM PROTEINS			
Total Proteins	6.6	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.64		0.0-2.0
SGOT	49	IU/L	0-40
SGPT	41	IU/L	0-40
SERUM ALK.PHOSPHATASE	77	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.



Reg. NO. : 190
 NAME : **Mr. NIKHILESH KUMAR SINGH**
 REFERRED BY : Dr. Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **16/08/2022**
 AGE : 28 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	181	mg/dL	130 - 200
SERUM TRIGLYCERIDE	230	mg/dl.	30 - 160
HDL CHOLESTEROL	42	mg/dL.	30-70
VLDL CHOLESTEROL	46	mg/dL.	15 - 40
LDL CHOLESTEROL	93	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.31	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.21	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

Reg.NO. : 190
 NAME : **Mr. NIKHILESH KUMAR SINGH**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **16/08/2022**
 AGE : 28 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
------------------	----------------	--------------	------------------------------

URINE EXAMINATION REPORT

PHYSICAL EXAMINATION

TRANSPARENCY

Volume	25	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		

BIOCHEMICAL EXAMINATION

UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil

MICROSCOPIC EXAMINATION

Red Blood Cells	Nil	/H.P.F.	
Pus Cells	2-3	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

HAEMATOLOGY

nture of Apple Cardiac Care
Ekta Nagar, Stadium Road,
pp. Care Hospital),
areilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 190
NAME : **Mr. NIKHILESH KUMAR SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

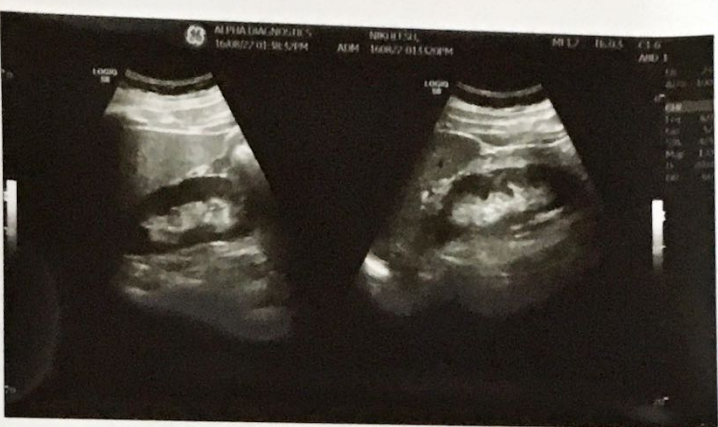
DATE : **16/08/2022**
AGE : 28 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD GROUP			
Blood Group	O		
Rh	POSITIVE		

--{End of Report}--

Shweta

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





Patient ID 10229666
Name Mr. NIKHILESH KUMAR
Sex/Age Male 28 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/08/2022 11:19:30
Reported On 16/08/2022 13:43:47

USG WHOLE ABDOMEN

Liver - is borderline enlarged with diffuse fatty changes obscuring visualization of posterior region. No IHBRD / focal SOL is seen. 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 (13cc), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.


IMPRESSION:

- **DIFFUSE FATTY CHANGES IN LIVER.**

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***




DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1





Patient ID 10229667
Name Mr. NIKHILESH KUMAR
Sex/Age Male 28 Yrs
Ref. By Dr. NIDHI AGARWAL

Reg. Date 16/08/2022 11:20:31
Reported On 16/08/2022 11:36:29

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.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***

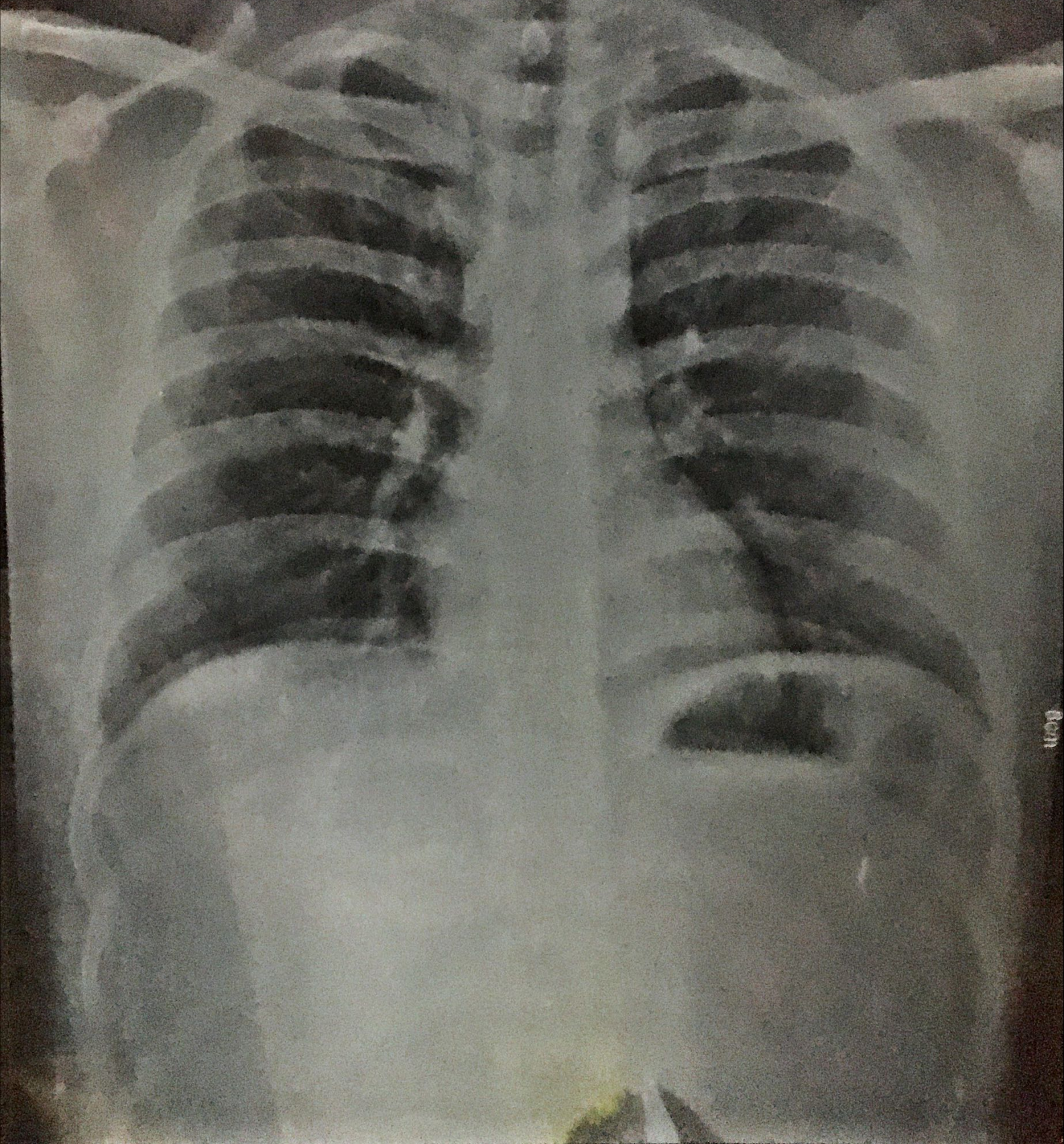


DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1



R



1668

8cm

NIKHILESH KUMAR 28Y Male CHEST 16-08-2022



नाम:-
Name: NIKHILESH KUMAR SINGH

कार्यकारी नूट नं
E.C. No. 124717

जारीकर्ता प्राधिकारी (उप. डे. प्र.)
Issuing Authority (D.R.M.)

धारक के हस्ताक्षर
Signature of Holder

Dr. Nitin Agarwal
D.M.S.C.

NO ADM
PERMISS
BEFORE I
SWITCHED
YOUR CELL
MOBY AND
SHEER BE AT

