



**Patient ID** 102310780  
**Name** Mr. ALOK PARASHARI  
**Sex/Age** Male 53 Yrs  
**Ref. By** Dr. NITIN AGARWAL  
**Specimen**



**Reg. Date** 23/11/2023 10:50:59  
**Collected On**  
**Received On**  
**Reported On** 23/11/2023 11:23:50

## X-RAY CHEST PA VIEW

**Left ventricular hypertrophy seen.**

Bilateral lung fields are clear.

Trachea is mid line.

Bilateral hilar shadows are normal.

Rib cage appears normal.

Bilateral CP angles are clear.

ADV - PLEASE CORRELATE CLINICALLY.

\*\*\* End of Report \*\*\*



**DR SUBHAJIT DUTTA**



Patient ID 102310778  
Name Mr. ALOK PARASHARI  
Sex/Age Male 53 Yrs  
Ref. By Dr. NITIN AGARWAL  
Specimen



Reg. Date 23/11/2023 10:46:50  
Collected On  
Received On  
Reported On 23/11/2023 11:23:06

### USG WHOLE ABDOMEN

**Liver** - is enlarged in size (14.3 cm). Increased homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatis - normal

**Gall bladder** - is not visualized ( h/o cholecystectomy ).

**Common bile duct** - Normal in caliber (7 mm). No calculi seen within CBD.

**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.

**Right kidney**- Normal in size, shape and echotexture. Corticomedullary differentiation is well maintained. No calculi/hydronephrosis seen.

**Left kidney** - Normal in size, shape and echotexture. Corticomedullary differentiation is well maintained. No calculi/hydronephrosis seen.

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

**Prostate** - Size is mildly enlarged ( 27 cc ), parenchyma is heterogeneous with calcific foci.

No free fluid or lymphadenopathy noted. Visualized bowel loops appear normal.

### IMPRESSION:

➤ Hepatomegaly with grade I fatty changes of liver.

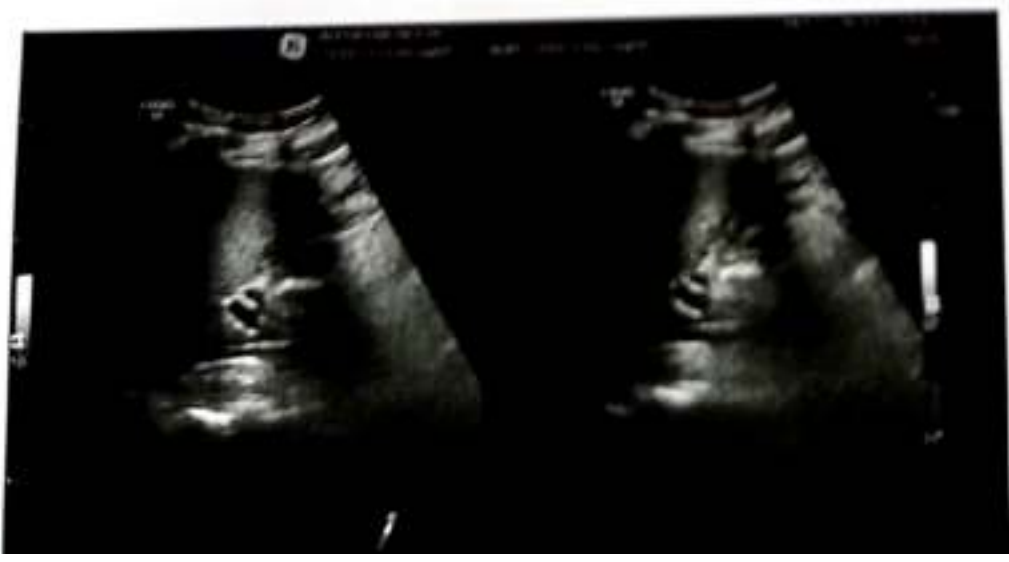
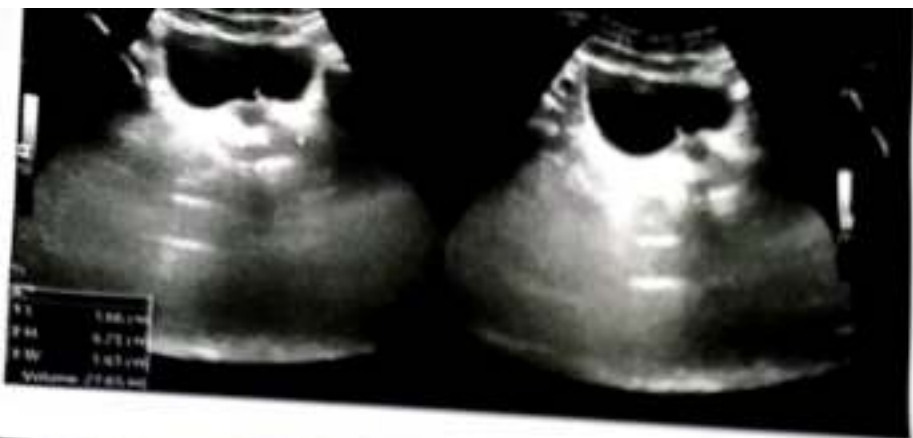
➤ Grade I prostatomegaly.

Adv - please correlate clinically.

\*\*\* End of Report \*\*\*

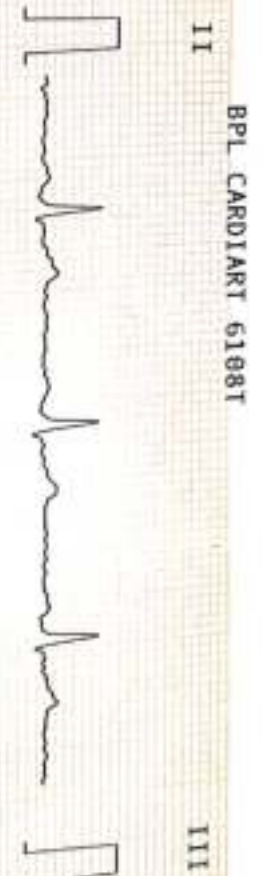


**DR SUBHAJIT DUTTA**  
MD RADIODIAGNOSIS  
( SMS JAIPUR MEDICAL COLLEGE ), DNB  
Fellowship In Intervention Radiology





Pat. ID..... Blok... 23/11/23



Pat ID.....

DATE: 12/12/2024

BPL CARDIAC G1001

AVR

AVL

10mm/mV 25mm/sec 25 25Hz



PAT ID: .....

10mm/mV 25mm/sec 25Hz

aVL



Pat. ID.....

CARDIART

BPL CARDIART 6108T

aVF



10mm/mV 25mm/sec

V1



Pat. ID.....

CARDIART

BPL CARDIART 6108T

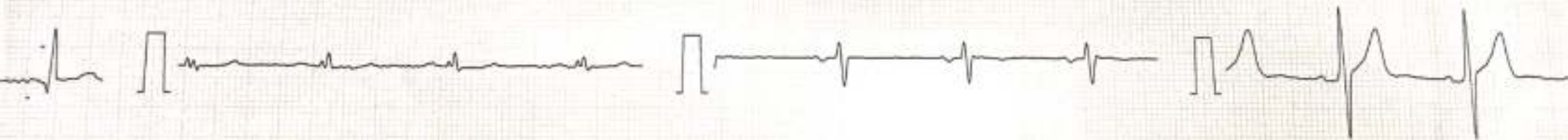
aVF

V1

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

V2



Pat. ID.....

CARDIART

mm/sec 25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

BPL CARDIART

V2

V3

V4



Pat. 10.....



10mm/mV 25mm/sec 25Hz

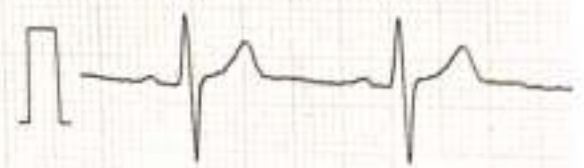
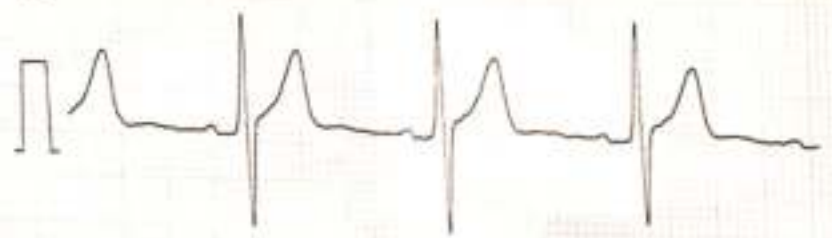
BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

VI

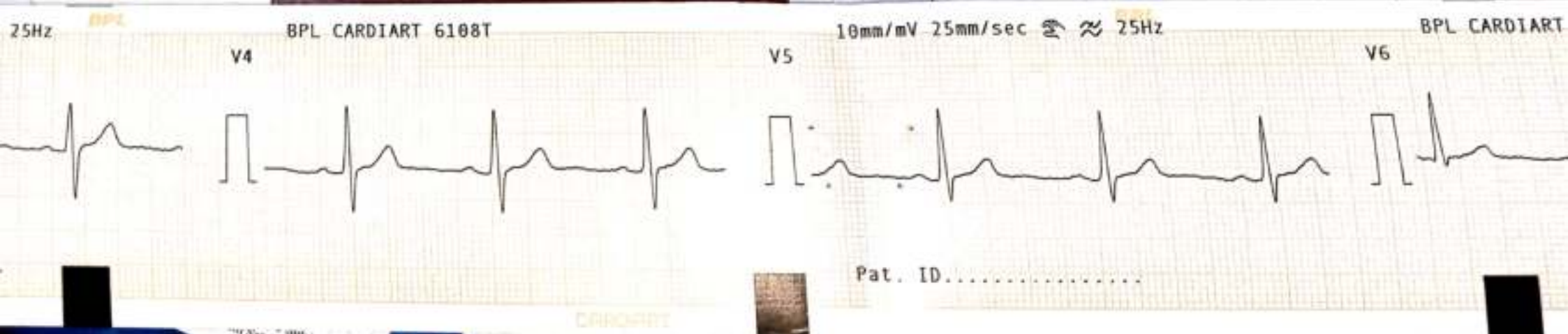
V2

V3




Pat. ID.....

Pat. ID.....



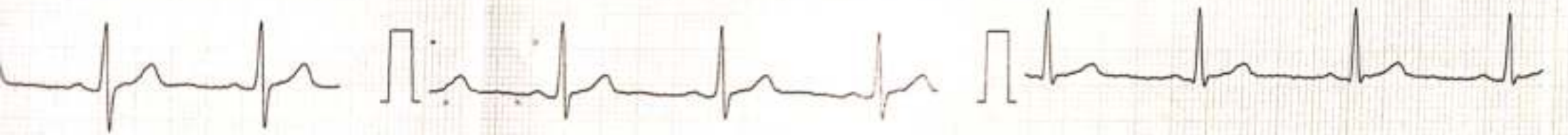
ART 6108T

10mm/mV 25mm/sec  25Hz

BPL CARDIART 6108T

V5

V6



Pat. ID.....

## 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. : 118  
NAME : Mr. ALOK PARASHARI  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 23/11/2023  
AGE : 50 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.8	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	40	%	20-45
Eosinophils	00	%	01-08
TOTAL R.B.C. COUNT	4.12	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	39.5	%	35-54
M C V	80.2	fL	76-96
M C H	29.5	pg	27.00-32.00
M C H C	32.5	g/dl	30.50-34.50
PLATELET COUNT	1.50	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	76	mg/dl	60-100
<b>HAEMATOLOGY</b>			

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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	B
Rh	POSITIVE

**BIOCHEMISTRY**

Gamma Glutamyl Transferase (GGT)	29	U/L	7-32
BLOOD UREA NITROGEN	19	mg/dL	5 - 25
SERUM CREATININE	0.7	mg/dL	0.5-1.4
URIC ACID	7.7	mg/dl	3.5-8.0

**CLINICAL SIGNIFICANCE:**

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

**of Apple Cardiac Care**

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 Care Hospital),  
 ally - 243 122 (U.P.) India  
 : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
 TRUSTED RESULT

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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	0.7	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	7.2	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	3	Gm/dL	2.3 - 3.5
A : G Ratio	1.4		0.0-2.0
SGOT	<b>43</b>	IU/L	0-40
SGPT	<b>71</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	93	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.

## of Apple Cardiac Care

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<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	191	mg/dL	130 - 200
SERUM TRIGLYCERIDE	270	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL	30-70
VLDL CHOLESTEROL	54	mg/dL	15 - 40
LDL CHOLESTEROL	89	mg/dL	00-130
CHOL/HDL CHOLESTEROL RATIO	3.98	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	1.85	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.

### BIOCHEMICAL

Prostatic Specific Antigen 1.02 ng/ml 0-4

### Prostatic Specific Antigen (P.S.A)

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

\* Quality controlled report with external quality assurance

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<b>BIOCHEMISTRY</b>			
BLOOD SUGAR P.P.	96	mg/dl	80-160
MICRO ALBUMIN - URINE	14	mcg/mL	< 18 mcg/mL
<b>BIOCHEMICAL EXAMINATION</b>			
ALBUMIN-CREATININE RATIO	0.17	%	
<b>URINE EXAMINATION</b>			




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<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	6.0		
<b>TRANSPARENCY</b>			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	Acidic		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
<b>MICROSCOPIC EXAMINATION</b>			
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.	
<b>DEPOSITS</b>			
Bacteria	NIL		
Other	NIL		

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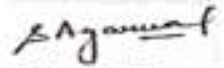


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—{End of Report}—

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

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

28/11/23  
120/60  
66  
74

Atok Parashurami

47

Asymptomatic.

CSF

0  
Dr. Nitin

A-3, EXTA 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.

पचास पाँच दिन के लिये मान्य

SUNDAY  
CLOSED



<b>NAME</b>	Mr. ALOK PARASARI	<b>AGE/SEX</b>	53 Y/M
<b>Ref. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	23/11/2023

**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)	2.6 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	2.5 cm	( 2.2 -3.7 cm)
LA	3.2 cm	( 1.9 -4.0 cm)
<b><u>LV FUNCTION</u></b>		
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= 0.9 m/sec            A= 0.7 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 II 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.