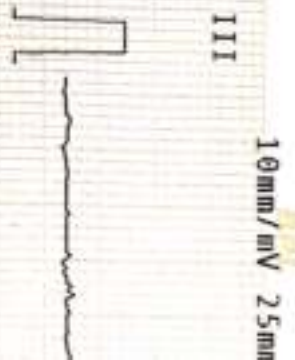
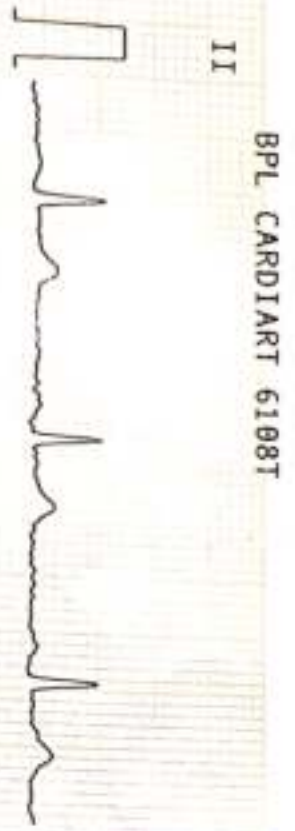
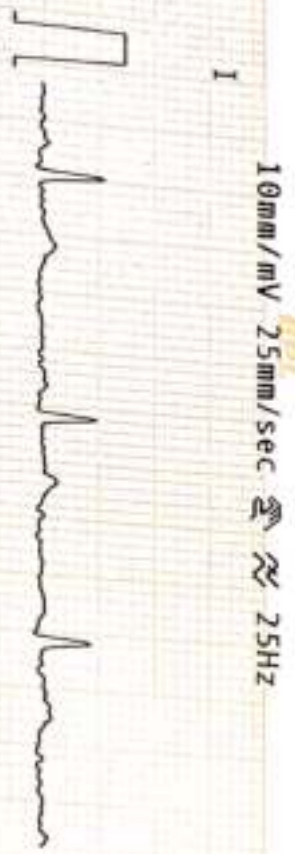
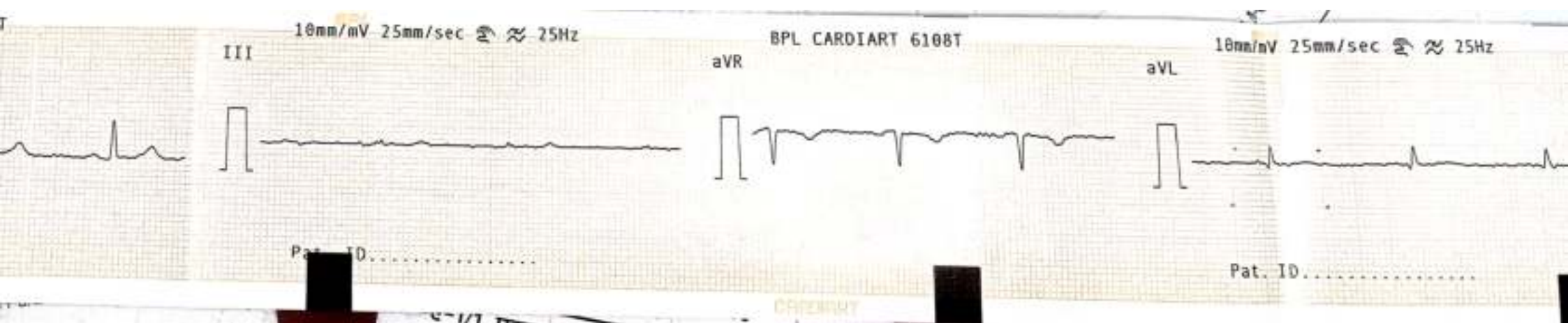


Pat. ID. Manjiv. Basrahari
Age - 40

23/11/23



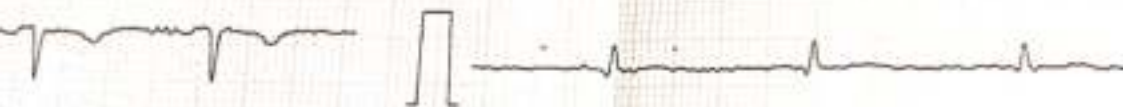
Pat. ID.



CARDIART 6108T

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

aVL



Pat. ID.....

BPL CARDIART 6108T

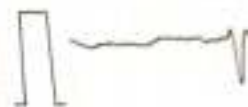
10mm/mV

aVF



Pat. ID.....

V1



aVF BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

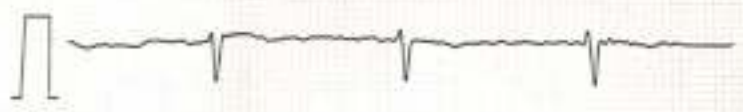
V1

V2

Pat. ID.....

CARDIART

CARDIART



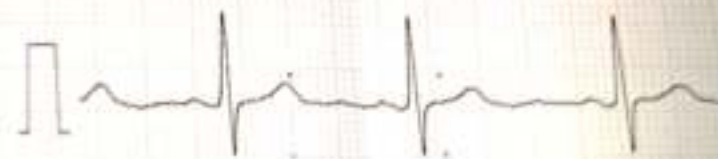
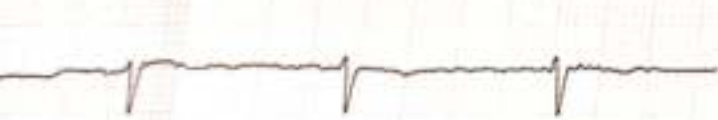
10mm/mV 25mm/sec \approx 25Hz

BPL CARDIART 6108T

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

V2

V3



Pat. ID.....

Pat. ID.....

Copyright

BPL CARDIART 6108T

BPL

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

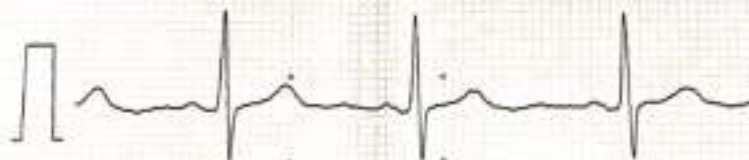
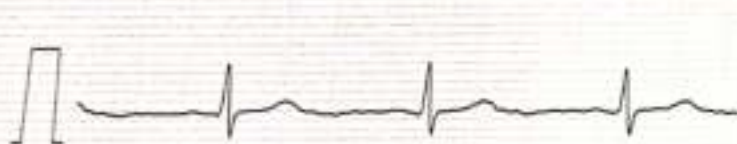
BPL CARDIART 6108T

BPL

V2

V3

V4



Pat. ID... ..

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

BPL

10mm/mV 25mm/sec 25Hz

BPL CAR

V4

V5

V6



Pat. ID... [redacted]


Pat. ID... [redacted]

CARDIART

CARDIART

CARDIART 6108T

BPL

10mm/mV 25mm/sec  25Hz

BPL CARDIART 6108T

BPL

V5

V6



Pat. ID.....

CARDIART



ALPHA
DIAGNOSTICS

D/115, Gulmohar Park, Near Delapeer Talab,
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+91-7642912345, 7642812345, 0581-4015223
contact@alphadiagnostic.in
alphadiagnostic07@gmail.com
www.alphadiagnostic.in

Patient ID 102310781
Name Mrs. MANJU PARASHARI
Sex/Age Female 48 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 23/11/2023 10:53:30
Collected On
Received On
Reported On 23/11/2023 11:24:17

X-RAY CHEST PA VIEW

Bilateral lung fields are clear.
Trachea is mid line.
Cardiac silhouette is normal.
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 102310779
Name Mrs. MANJU PARASHARI
Sex/Age Female 48 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 23/11/2023 10:48:40
Collected On
Received On
Reported On 23/11/2023 11:18:56

USG WHOLE ABDOMEN

Liver - is normal in size (11cm). 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.

Common bile duct - Normal in caliber. 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 (9.0cm) 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.

Uterus - is not visualized (h/o hysterectomy).

B/L adnexa - are clear.

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

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR SUBHAJIT DUTTA

MD RADIODIAGNOSIS
(SMS JAIPUR MEDICAL COLLEGE), DNB
Fellowship In Intervention Radiology

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. : 117
 NAME : Mrs. MANJU PARASHARI
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

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

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	12.1	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	7,600	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	00	%	01-08
TOTAL R.B.C. COUNT	3.9	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	39.5	%	35-54
M C V	76.9	fL	76-96
M C H	27.9	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.70	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00- 20
BIOCHEMISTRY			
BLOOD SUGAR F.	71	mg/dl	60-100
HAEMATOLOGY			

Reg.NO. : 117	DATE : 23/11/2023
NAME : Mrs. MANJU PARASHARI	AGE : 50 Yrs.
REFERRED BY : Dr.Nitin Agarwal (D M)	SEX : FEMALE
SAMPLE : BLOOD	

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.6		

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)	27	U/L	11-50
BLOOD UREA NITROGEN	17	mg/dL	5 - 25
URIC ACID	6.3	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

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

SERUM CREATININE	0.8	mg/dL	0.5-1.4
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DATE : 23/11/2023
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<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	6.9	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.38		0.0-2.0
SGOT	20	IU/L	0-40
SGPT	15	IU/L	0-40
SERUM ALK.PHOSPHATASE	65	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, DM 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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DATE : 23/11/2023
 AGE : 50 Yrs.
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	268	mg/dL	130 - 200
SERUM TRIGLYCERIDE	130	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	26	mg/dL.	15 - 40
LDL CHOLESTEROL	193	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	5.47	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	3.94	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.

BLOOD SUGAR P.P.	128	mg/dl	80-160
MICRO ALBUMIN - URINE	16	mcg/mL	< 18 mcg/mL

BIOCHEMICAL EXAMINATION

ALBUMIN CREATININE RATIO	0.17	%
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URINE EXAMINATION

Reg.NO. : 117
 NAME : Mrs. MANJU PARASHARI
 REFERRED BY : Dr. Nitin Agarwal (D M)
 SAMPLE : BLOOD

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

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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	3-5	/H.P.F.	
Epithelial Cells	8-10	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS			
Bacteria	NIL		
Other	NIL		

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



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NAME : Mrs. MANJU PARASHARI
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

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

TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

—(End of Report)—

Shweta Agarwal

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

23/1123

130/80
60
105

Munju

b

i- STATIN 100

e

2mm

e

LDL = 143

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.

पचास पाँच दिन के लिये मान्य

**SUNDAY
CLOSED**



NAME	Mrs. MANJU PARASARI	AGE/SEX	48 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	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	3.0	cm (1.9 –4.0 cm)
<u>LV FUNCTION</u>		
EF	55	% (54 –76 %)
FS	27	% (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= 0.6 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~55%)
- 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.