

Reg.NO. : 85
 NAME : **MR. ANIRUDH NAGPAL**
 REFERRED BY : Dr. Nitin Agarwal (D.M)
 SAMPLE : BLOOD

DATE : **15/05/2024**
 AGE : 25 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
HAEMATATOLOGY			
COMPLETE BLOOD COUNT (CBC)	14.4	gm/dl	12.0-18.0
HAEMOGLOBIN	6.200	/cumm	4,000-11,000
TOTAL LEUCOCYTE COUNT	70	%	40-75
DIFFERENTIAL LEUCOCYTE COUNT(DLC)	28	%	20-45
Neutrophils	02	%	01-08
Lymphocytes	4.99	million/cumm	3.5-6.5
Eosinophils	42.3	%	35-54
TOTAL R.B.C. COUNT	82.5	fl	76-96
P.C.V./ Haematocrit value	28.6	pg	27.00-32.00
M C V	31.2	g/dl	30.50-34.50
M C H	1.80	lacs/mm ³	1.50 - 4.50
M C H C			
PLATELET COUNT			
E.S.R (WINTROBE METHOD)	12	mm	00 - 15
-in First hour			
BLOOD GROUP			
Blood Group	A		
Rh	POSITIVE		

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

BLOOD SUGAR F.	90	mg/dl	60-100
BLOOD UREA NITROGEN	17	mg/dL.	5 - 25
URIC ACID	7.0	mg/dl	3.5-8.0

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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LIVER PROFILE			
SERUM BILIRUBIN			
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
SERUM PROTEINS			
Total Proteins	7.7	Gm/dL	6.4 - 8.3
Albumin	4.5	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.41		0.0-2.0
SGOT	40	IU/L	0-40
SGPT	54	IU/L	0-40
SERUM ALK.PHOSPHATASE	97	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	250	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	215	mg/dl.	30 - 160
HDL CHOLESTEROL	46	mg/dL.	30-70
VLDL CHOLESTEROL	43	mg/dL.	15 - 40
LDL CHOLESTEROL	161	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	5.43	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	3.5	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 mg/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.

Gamma Glutamyl Transferase (GGT)	21	U/L	7-32
BLOOD SUGAR P.P.	121	mg/dl	80-160

URINE EXAMINATION



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<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	1-2	/H.P.F.	
Epithelial Cells	2-3	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

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



APPLE
PATHOLOGY
TRUSTED RESULT

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AGE : 25 Yrs.
SEX : MALE

TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

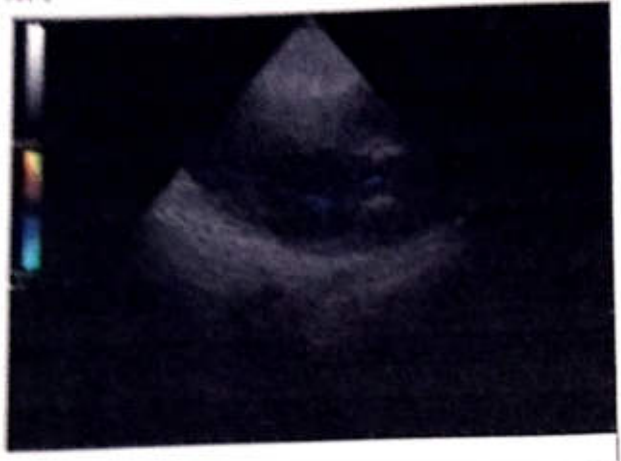
--{End of Report}--

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



15 MAY 2024 02:10pm

TEI D 19 CM XV C
PRC 11-5-H PRS 2
PST 2



15 MAY 2024 02:10pm

TEI D 19 CM XV C
PRC 11-5-H PRS 2
PST 2

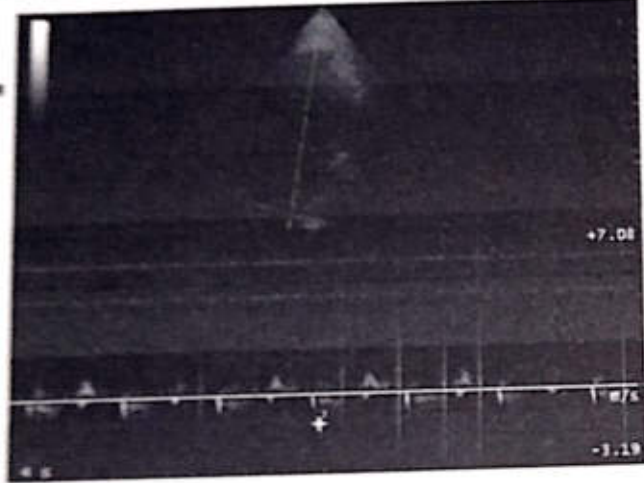
CARDIAC PA230



15 MAY 2024 02:10pm

TEI D 19 CM XV C
PRC 11-5-H PRS 2
PST 2

CW F 2.5 MHz G 76M
PRC 8-1
PST 2
WF 600 Hz

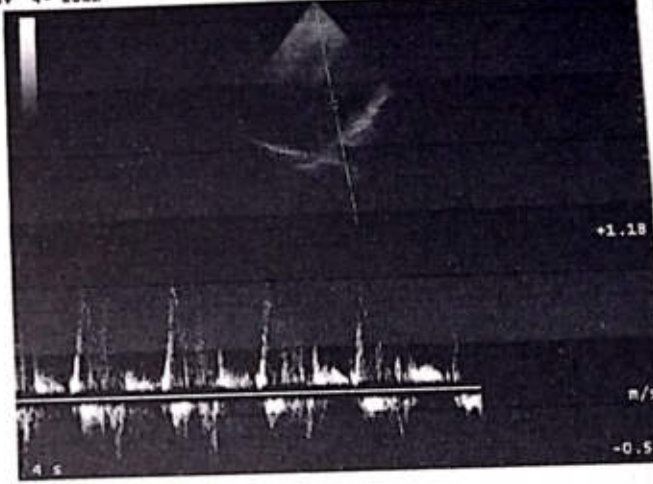


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TEI D 19 CM XV C
PRC 13-5-L PRS A
PST 2
SV 4-8888

CARDIAC PA230

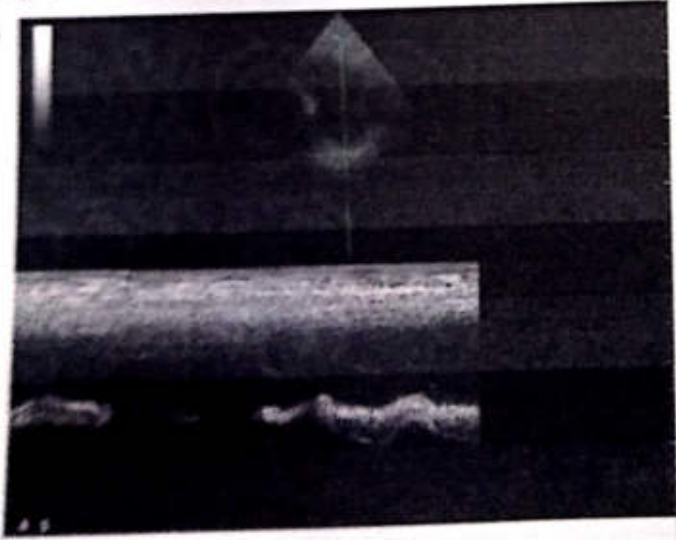
PW F 2.5 MHz G 64M
PRC 6-1
PST 2
WF 300 Hz



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PRC 11-5-H PRS 2
PST 2

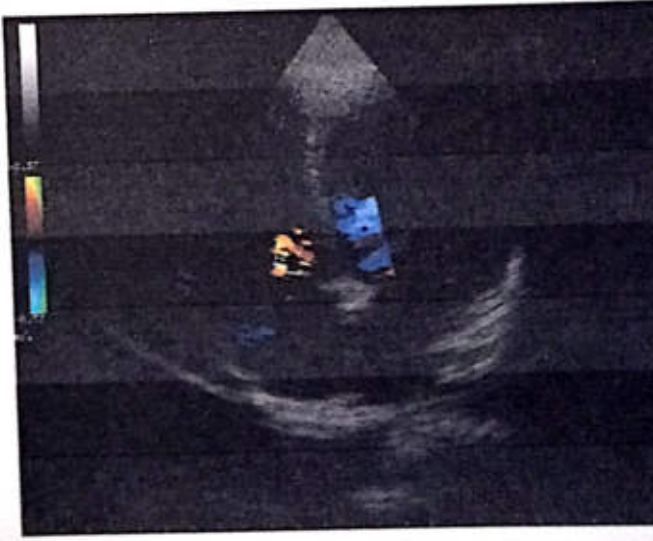
M G 46X
PRC 7-3
PST 4



15 MAY 2024 02:10pm

TEI D 19 CM XV C
PRC 13-5-H PRS 2
PST 2

CARDIAC PA230





NAME	Mr. ANIRUDH NAGPAL	AGE/SEX	25Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	15/05/2024

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)	2.4	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	2.8	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

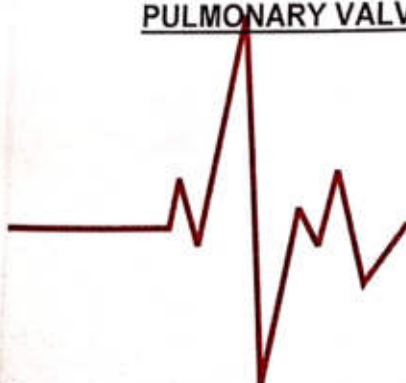
MITRAL VALVE : Thin, PML moves posteriorly during Diastole
 No SAM, No Subvalvular pathology seen.
 No mitral valve prolapse calcification .

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

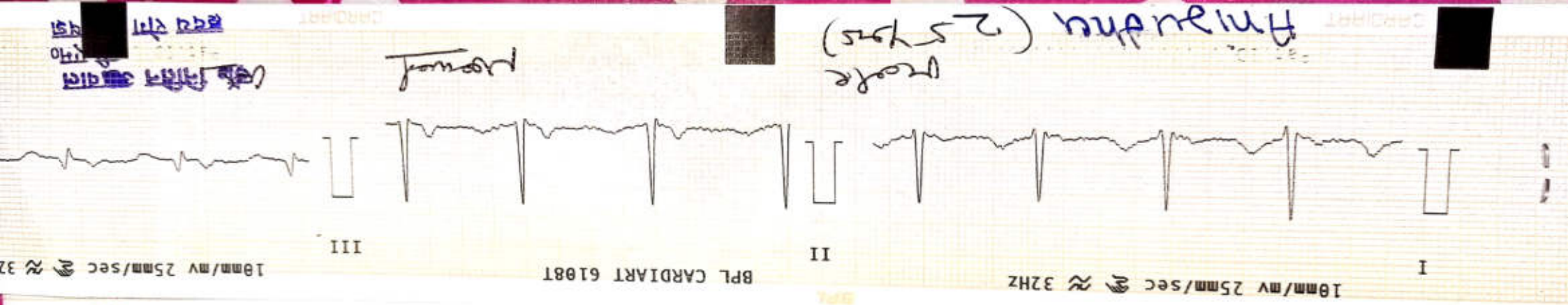
FINAL IMPRESSION

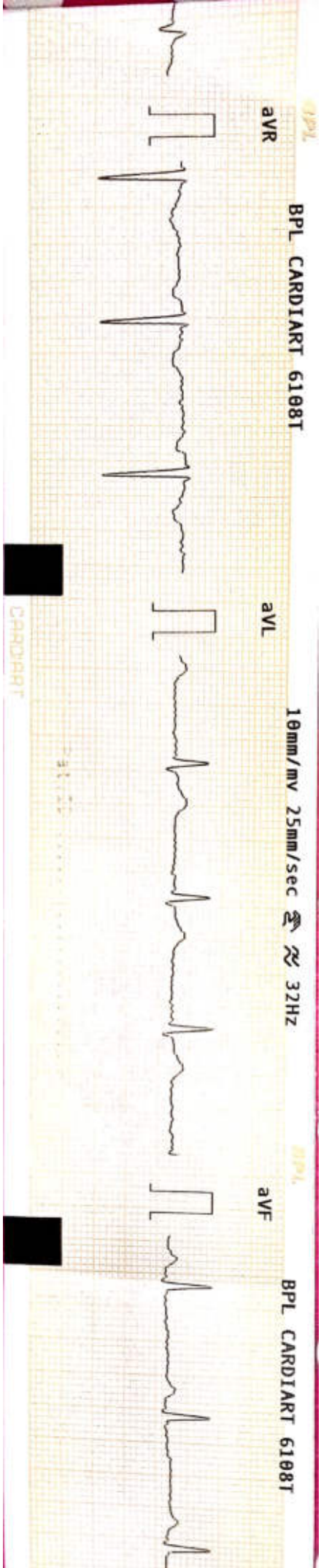
- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN

uq

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.





BPL CARDIART 6108T

10mm/mv 25mm/sec 32Hz

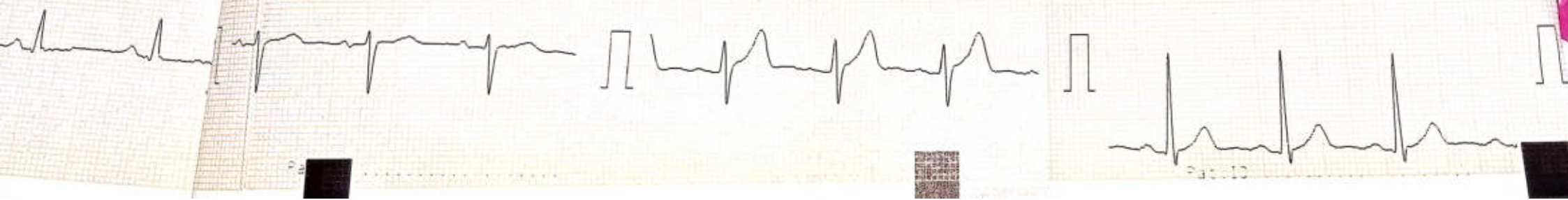
V2

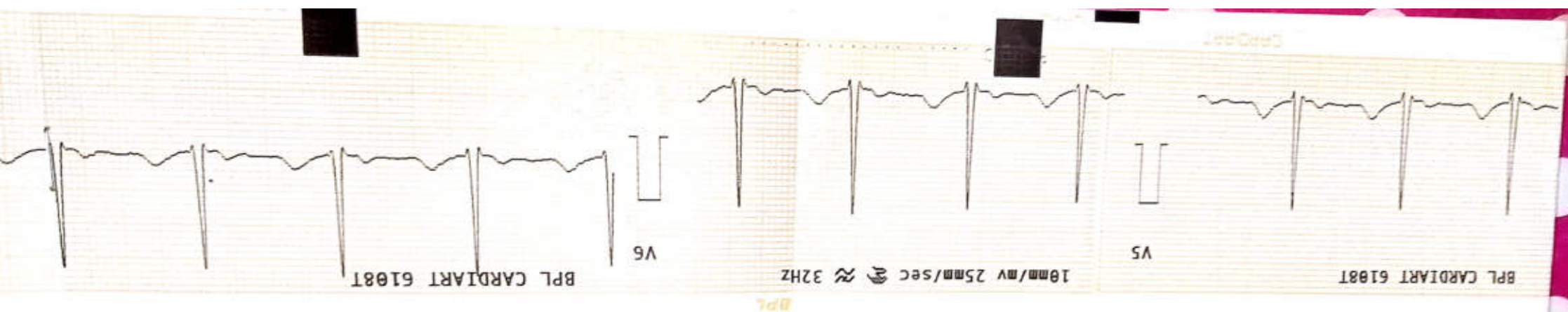
BPL CARDIART 6108T

V3

10mm/mv 25mm/sec 32Hz

V4







Patient ID 10242322
Name Mr. ANIRUDH NAGPAL
Sex/Age Male 25 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 15/05/2024 11:02:56
Collected On
Received On
Reported On 16/05/2024 11:42:06

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.

IMPRESSION: -

➤ **NORMAL X-RAY CHEST.**

ADV – PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR FARHAT H ANSARI

Senior Wash For IJL
 CONSULTANT RADIOLOGIST
 MCh, AMU
 MCh, AMU
 MCh, AMU
 PCR For Covid-19 (Truenat)

- CT Scan (96 Slice)
- 4D Ultrasound
- Color Doppler
- 2D Echo
- Spirometry
- Digital X-Ray
- Serology
- Biochemistry
- Cytology
- Histopathology
- Microbiology
- Video Bronchoscopy





Patient ID 10242321
Name Mr. ANIRUDH NAGPAL
Sex/Age Male 25 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 15/05/2024 11:02:14
Collected On
Received On
Reported On 15/05/2024 11:31:18

USG WHOLE ABDOMEN

Liver is normal in size (135mm). Grade I fatty changes of liver. Margins are regular. Parenchyma shows normal and uniform echogenicity. There is no intrahepatic biliary dilatation. Portal and hepatic venous channels are within normal limits. No focal lesion seen.

Gall bladder is normal in position, shape and size. Walls are normal in thickness & regular. Lumen is echofree. CBD is not dilated. No peri-cholecystic collection.

Pancreas is normal in size. Margins are regular. Parenchyma shows normal echotexture. Pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

Spleen is normal in position and size (97mm). Margins are regular with uniform parenchymal echogenicity.

Kidneys : Both kidneys are normal in position and size. Margins are regular. Parenchymal thickness is adequate with normal cortical echogenicities. No evidence of backpressure changes seen in the pelvicalyceal system. Both ureters are not dilated.

No significant abdominal lymphadenopathy seen.

Urinary bladder is partially distended. Walls are regular. Perivesical fat planes are intact.

Prostate is normal in size (vol- 12cc). Capsule is intact. Peri-prostatic planes are maintained. Seminal vesicles are normally visualized.

No free fluid in peritoneal cavity.

Gas filled bowel loops.

IMPRESSION

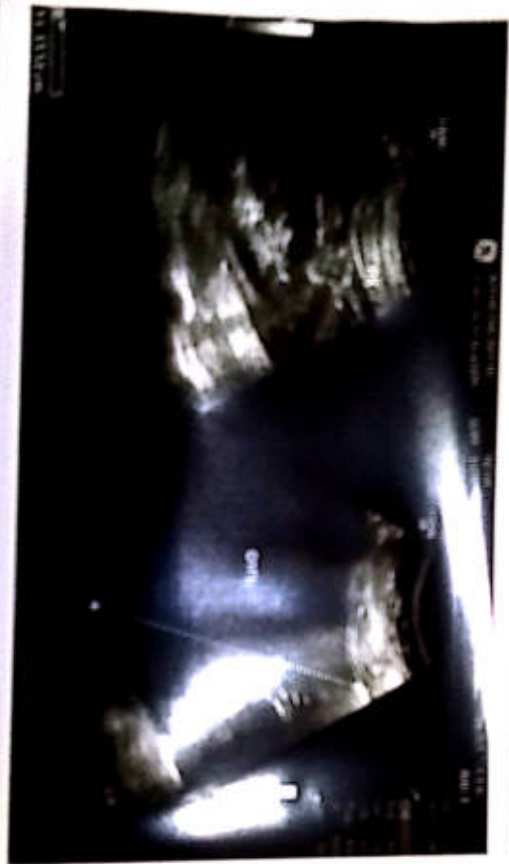
❖ *Grade I fatty changes of liver.*

Adv: Clinical correlation and further evaluation.

*** End of Report ***



Farhat
DR FARHAT H ANSARI
CONSULTANT RADIOLOGIST
MD - RADIODIAGNOSIS, JNMCH, AMU





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Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Anirudh Nagpal** aged, **25yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: Bareilly

Date: 15/05/2024

Dr. Nitesh Kumar
MBBS
RCMP 47093

Name & Signature of

Medical officer