

<b>Visit ID</b> : MBAR34719	Registration : 28/Jan/2023 01:32PM
UHID/MR No : ABAR.0000034707	Collected : 28/Jan/2023 01:40PM
<b>Patient Name</b> : Miss.PRIYANKA	Received : 28/Jan/2023 01:41PM
Age/Gender : 30 Y 0 M 0 D /F	Reported : 28/Jan/2023 02:54PM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240,Sanjay Nagar Bareilly (UP)	Barcode No : A3575957

## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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## THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)

Sample Type : SERUM

T3	1.22	ng/ml	0.61-1.81	CLIA
T4	11.5	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	2.088	uIU/mL	0.55-4.78	CLIA

## INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

## 9. REFERENCE RANGE:

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

( Reference range recommended by the American Thyroid Association)

## Comments :

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

\*\*\* End Of Report \*\*\*



 Dr. Miti Gupta  
 DNB ; MD [Pathology]


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

Pragya Agarwal

28/11/23

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120

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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





**Patient ID** 102221406  
**Name** Mrs. PRIYANKA GANGWAR  
**Sex/Age** Female 30 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 28/01/2023 12:10:09  
**Reported On** 28/01/2023 13:09:46

### 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 \*\*\*



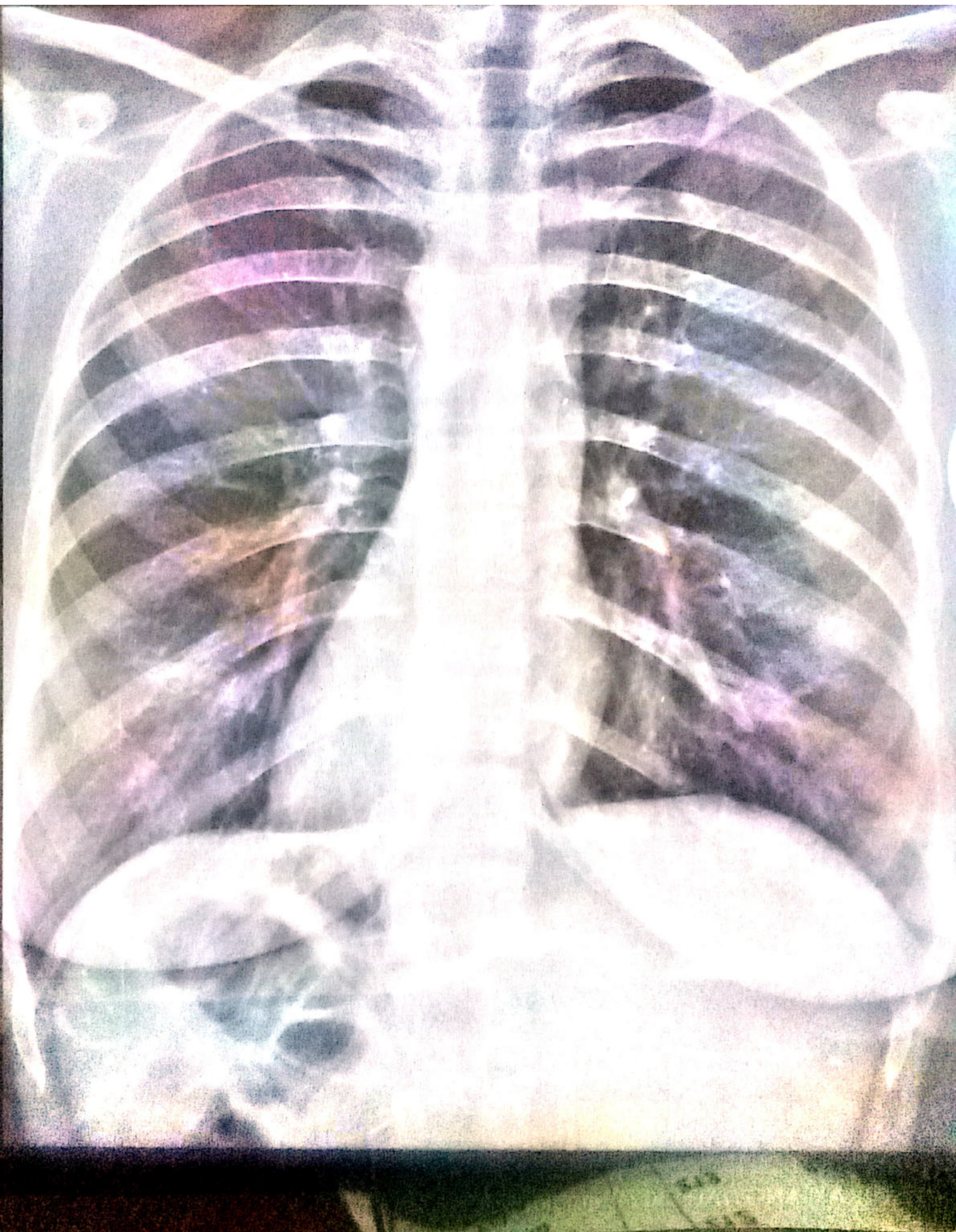
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**  
Page No: 1 of 1



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











Patient ID 102221405  
Name Mrs. PRIYANKA GANGWAR  
Sex/Age Female 30 Yrs  
Ref. By Dr. NITIN AGARWAL

Reg. Date 28/01/2023 12:09:09  
Reported On 28/01/2023 13:13:58

### USG WHOLE ABDOMEN

**Liver** - is normal in size, 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** - partially distended.

**Uterus** - is grossly normal.

No ascites is seen.

#### IMPRESSION:

- NO SIGNIFICANT ABNORMALITY DETECTED.

ADV - PLEASE CORRELATE CLINICALLY.

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



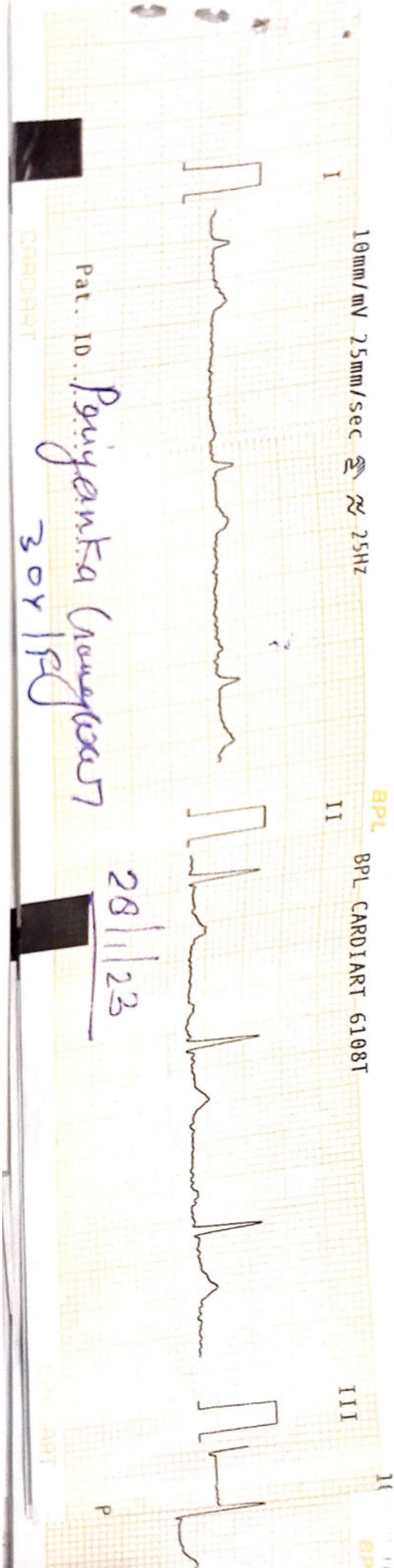
DR KAMAL NAYAN GANGEY

DNB RADIODIAGNOSIS

Page No 1 of 1





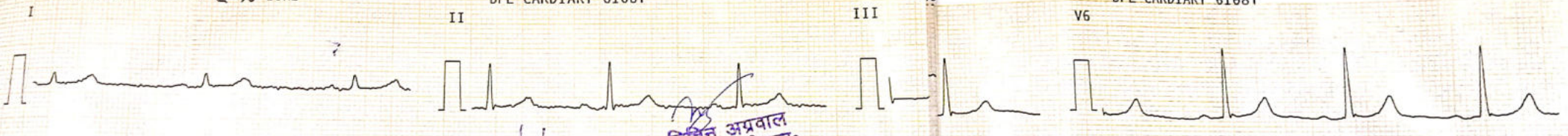




10mm/mV 25mm/sec 25Hz

BPL BPL CARDIART 6108T

BPL BPL CARDIART 6108T



Pat. ID. Priyanka Gangwar  
30x120

28/1/23

डॉ० नितिन अग्रवाल  
डी०एम०  
हृदय रोग विशेषज्ञ





mm/mV 25mm/sec 25Hz

aVR BPL CARDIART 610BT

aVL

mm/mV 25mm/sec 25Hz

aVF

BPL CARDIART 610BT

V1

10mm/mV 25Hz

V5 BPL CARDIART 610BT

MCHC  
PLATELET COUNT

30.5

2.35

g/dl

30.50-34.50

bars/mm<sup>3</sup>

150 - 450

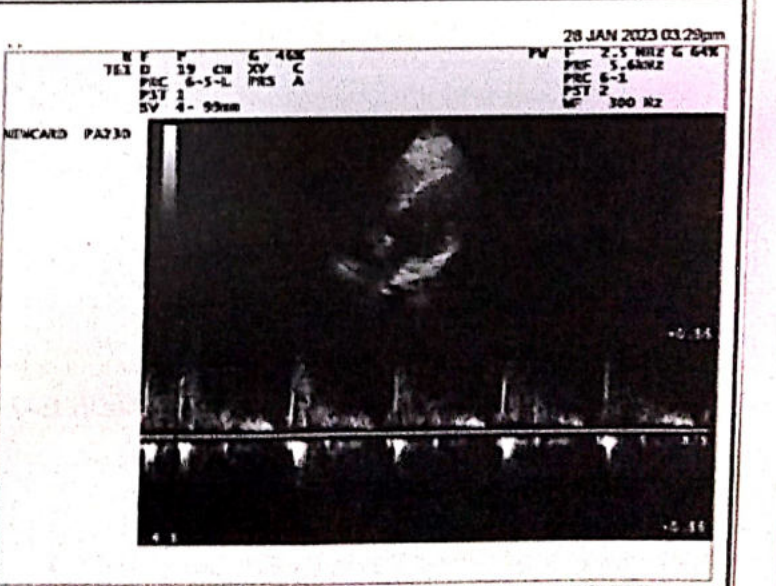
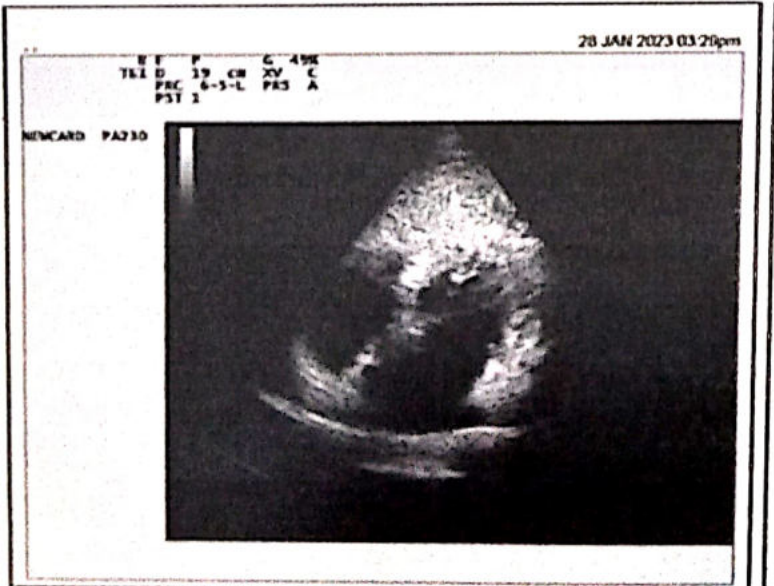
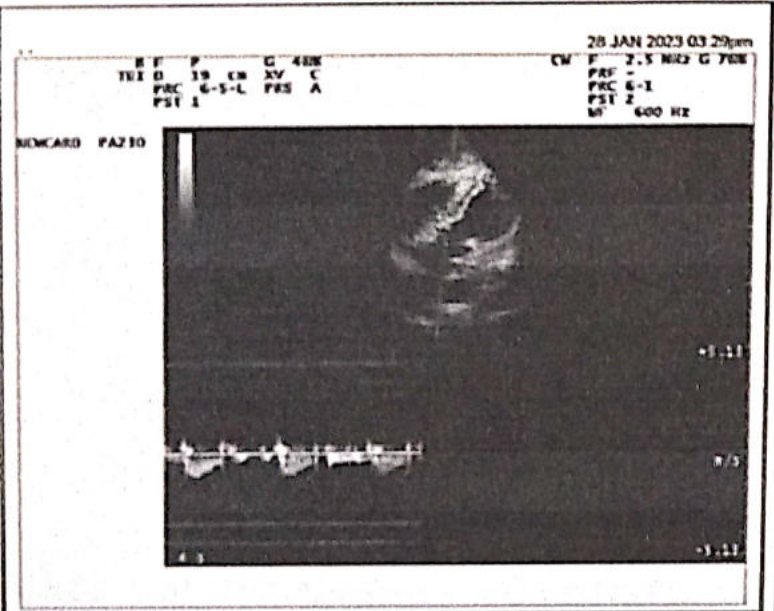
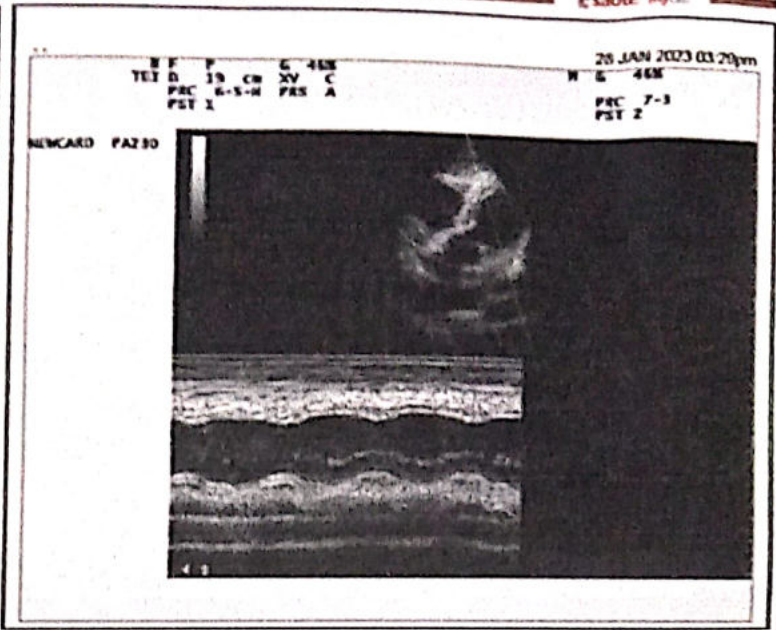
Pat. ID...





# APPLE CARDIAC CARE, BAREILLY

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**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. : 443  
NAME : **Mrs. PRIYANKA GANGWAR**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **28/01/2023**  
AGE : 30 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	<b>10.8</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,000	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	36	%	20-45
Eosinophils	04	%	01-08
TOTAL R.B.C. COUNT	4.26	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	35.4	%	35-54
M C V	83.1	fL	76-96
M C H	<b>25.4</b>	pg	27.00-32.00
M C H C	30.5	g/dl	30.50-34.50
PLATELET COUNT	2.35	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R. (Westergren Method)	14	mm/1st hr.	0 - 20
<b>BIOCHEMISTRY</b>			
Gamma Glutamyl Transferase (GGT)	28	U/L	11-50

**HAEMATOLOGY**

**Report is not valid for medicolegal purpose**

Centre of Apple Cardiac Care

3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 0945888448



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

BLOOD SUGAR F.  
BLOOD UREA

95 mg/dl 60-100  
31 mg/dL. 10-40

**BIOCHEMISTRY**

\* 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.

SERUM CREATININE

0.8 mg/dL. 0.5-1.4

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Opposite Care Hospital),  
Bareilly - 243 122 (U.P.) India



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A-3, Ekta Nagar, Stadium Road,  
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URIC ACID	6.7	mg/dl	3.0-6.0

#### CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	138	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.9	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	8.8	mg/dl	8.5 - 10.5

#### 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	6.7	Gm/dL	6.4 - 8.3
Albumin	3.7	Gm/dL	3.5 - 5.5
Globulin	3	Gm/dL	2.3 - 3.5
A : G Ratio	1.23		0.0-2.0
SGOT	48	IU/L	0-40
SGPT	42	IU/L	0-40
SERUM ALK.PHOSPHATASE	72	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.

**Report is not valid for medicolegal purpose**



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Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



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

RE  
NIC  
RE

Reg.NO. : 443  
NAME : Mrs. PRIYANKA GANGWAR  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 28/01/2023  
AGE : 30 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	174	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	99	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.55	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.02	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.

**HAEMATOLOGY**

**BLOOD GROUP**

Blood Group  
Rh

B  
POSITIVE

**URINE EXAMINATION**

Report is not valid for medicolegal purpose



Reg.NO. : 443  
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REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **28/01/2023**  
AGE : 30 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

**Report is not valid for medicolegal purpose**



Signature of Apple Cardiac Care  
Plot No. 3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07509031977, 09458886448



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Reg. NO. : 443  
NAME : Mrs. PRIYANKA GANGWAR  
REFERRED BY : Dr. Nitin Agarwal (D.M.)  
SAMPLE : BLOOD

DATE : 28/01/2023  
AGE : 30 Yrs.  
SEX : FEMALE

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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*Shweta*

--(End of Report)--

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

Report is not valid for medicolegal purpose



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



Reg NO. : 443  
NAME : Mrs. PRIYANKA GANGWAR  
REFERRED BY : Dr. Nitin Agarwal (D.M.)  
SAMPLE : BLOOD

DATE : 28/01/2023  
AGE : 30 Yrs.  
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	<b>BIOCHEMISTRY</b>		
BLOOD SUGAR P.P.	97	mg/dl	80-140

---(End of Report)---

*Shweta*

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

Report is not valid for medicolegal purpose

Lab. Timings : 9:00 a.m. to 8:00 p.m. Sunday : 10:00 a.m. to 2:00 p.m.  
Home Sample Collection Facility Available



<b>NAME</b>	Mr. PRIYANKA GANGWAR	<b>AGE/SEX</b>	30 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	28/01/2023

**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	2.4 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

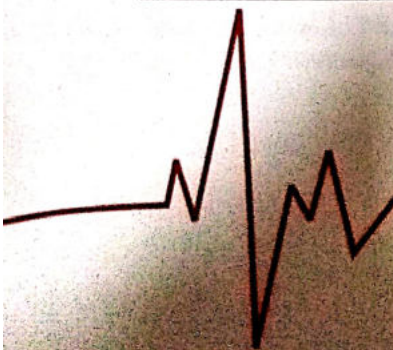
**MITRAL VALVE** : Thin, PML moves posteriorly during Diastole  
 No SAM, No Subvalvular pathology seen.  
 No mitral valve prolapse calcification .

**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

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

  
**DR. NITIN AGARWAL**  
**DM (Cardiology)**  
**Consultant Cardiologist**

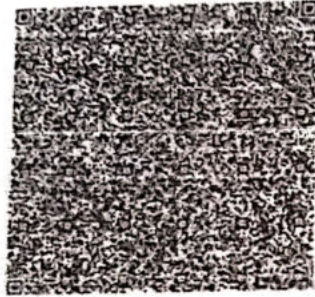
This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
डब्ल्यू/ओ विपिन कुमार गंगवार, एच नं. 42 कृष्ण नगर  
रुहीलखंड यूनिवर्सिटी, बिसलपुर रोड, गुप्ता बंकेट हाली  
के पीछे, हरुनाग्ला, बरेली, बरेली,  
उत्तर प्रदेश - 243006



Address:  
W/O VIPIN KUMAR GANGWAR, H NO. 42  
KRISHNA NAGAR RUHILKHAND  
UNIVERSITY, BISALPUR ROAD, BEHIND  
GUPTA BANQUET HALL, HARUNAGLA,  
Bareilly, Bareilly,  
Uttar Pradesh - 243006

2946 8652 0873

VID : 9163 5727 4511 3815



1947



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भारत सरकार  
Government of India



प्रियंका गंगवार  
Priyanka Gangwar  
जन्म तिथि/DOB: 05/07/1993  
महिला/ FEMALE

Download Date: 24/02/2021

Issue Date: 11/02/2021

2946 8652 0873

VID : 9163 5727 4511 3815

मेरा आधार, मेरी पहचान

Priyanka

