

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

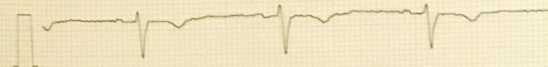
BPL CARDIART 6108T

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

I

II

III




Pat. ID.. *Amit Kumar* 09/08/22

Pat. ID.....

CARDIART

CARDIART

BPL CARDIART 6108T

10mm/mV 25mm/sec  25Hz

BPL CARDIART 6108T

aVR

aVL

aVF

Pat. ID.....

CARDIART


CARDIART



ST

SPL

V1

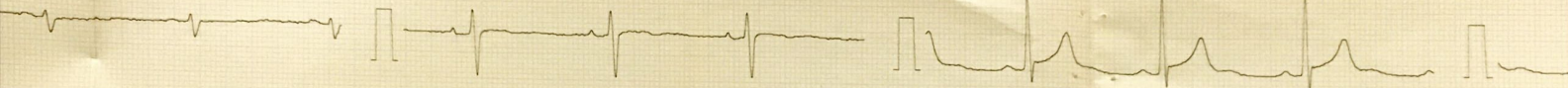
10mm/mV 25mm/sec  25Hz

BPL CARDIART 6100T

V2

V3

10mm/



Pat. ID

CARDIART

CARDIART

Pat.

BPL CARDIART 610BT

10mm/mV 25mm/sec 25Hz

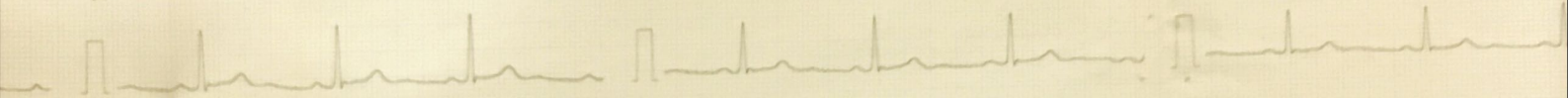
BPL CARDIART 610BT

V4

V5

V6

Pat. ID.....



PatientID 0023

ExamID 3497

NAME *Amit*

Date 08/09/2022

Time 19:09

ExamTime 465:56

(VD = 13.75 mm)

Ref

MANIFEST

	SPH	CYL	AXS
<R>	0.00	-0.25	42
<L>	0.00	-0.25	130
<FAR VA>			
	R	R+L	L

RM DATA

	SPH	CYL	AXS
<R>	-0.50	-1.00	42
<L>	-0.25	-0.50	130
<FAR VA>			
	R	R+L	L

FAR PD = 69.0 mm

TOPCON CV-5000

Amit -

~~8/11/22~~

9/8/22

DVA $\begin{cases} 616P \\ 616P \end{cases}$ - 0.25 PC 42 - 616

- 0.25 PC 130 - 616

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

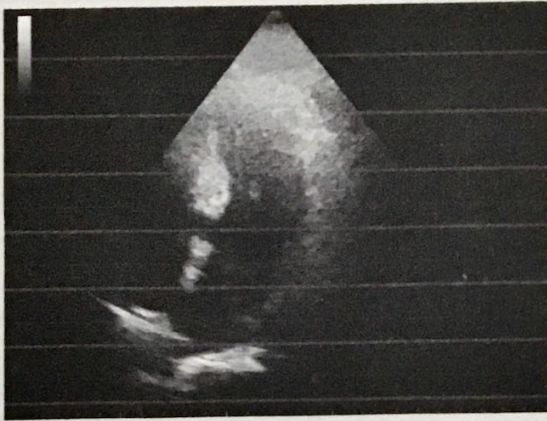
APPLE CARDIAC CARE, BAREILLY

Esote MyLab

17 AUG 2022 07:18pm

B F P G 52%
TEI D 19 CM XV C
PRC 6-5-L PRS A
PST 1

NEWCARD PA230

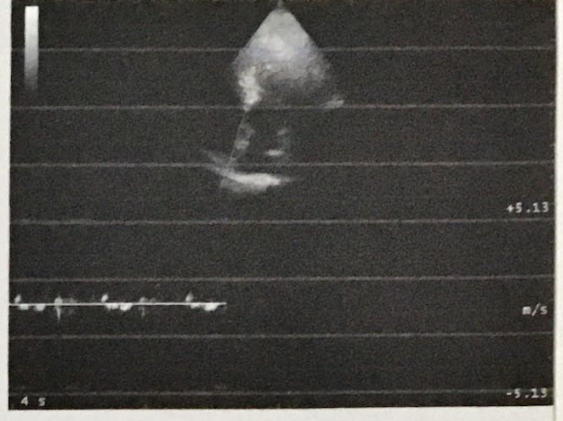


17 AUG 2022 07:18pm

B F P G 49%
TEI D 19 CM XV C
PRC 6-5-L PRS A
PST 1

CW F 2.5 MHz G 76%
PRF -
PRC 6-1
PST 2
WF 500 Hz

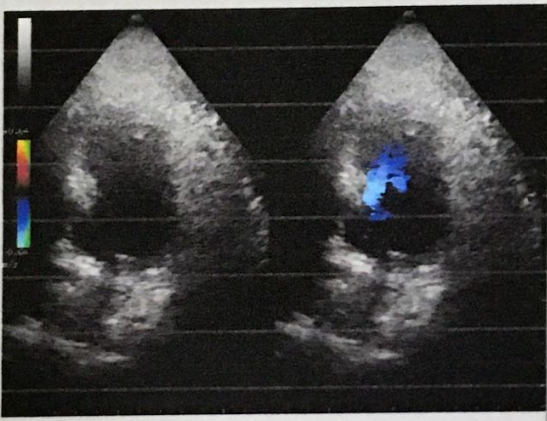
NEWCARD PA230



17 AUG 2022 07:18pm

B F P G 49% CFM F 2.5 MHz G 40%
TEI D 19 CM XV C PRF 4.2kHz
PRC 6-5-H PRS 2 PRC 2-L-H PRS 3
PST 1 WF H

NEWCARD PA230

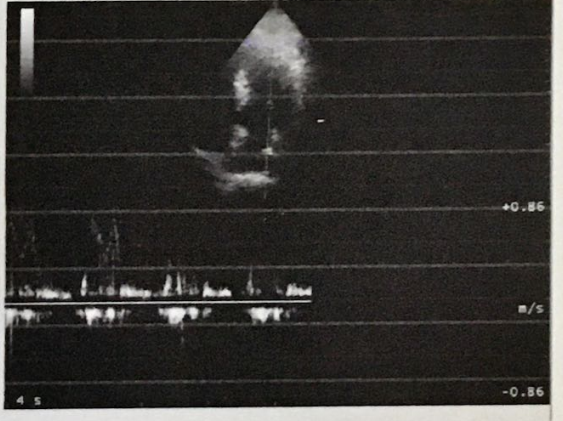


17 AUG 2022 07:18pm

B F P G 46%
TEI D 19 CM XV C
PRC 6-5-L PRS A
PST 1
SV 4- 99mm

PW F 2.5 MHz G 64%
PRF 5.6kHz
PRC 6-1
PST 2
WF 300 Hz

NEWCARD PA230

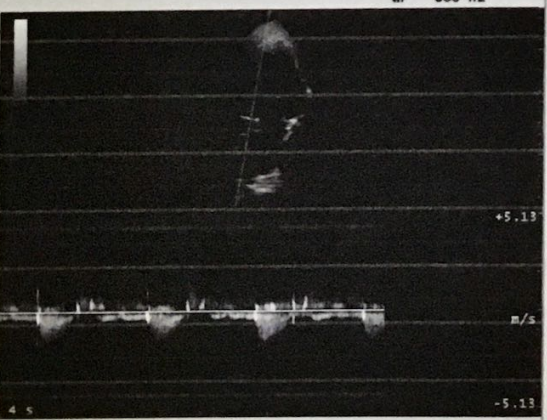


17 AUG 2022 07:18pm

B F P G 31%
TEI D 19 CM XV C
PRC 6-5-L PRS A
PST 1

CW F 2.5 MHz G 76%
PRF -
PRC 6-1
PST 2
WF 600 Hz

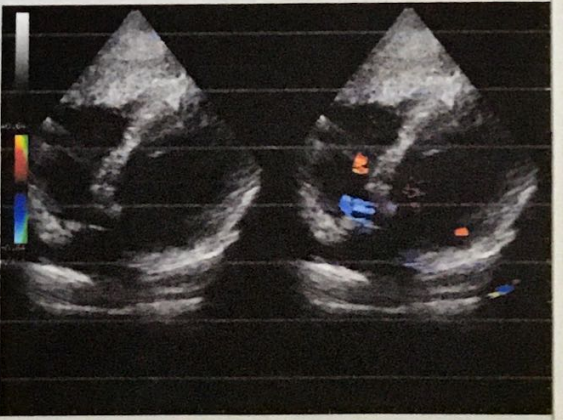
NEWCARD PA230



17 AUG 2022 07:18pm

B F P G 55% CFM F 2.5 MHz G 40%
TEI D 19 CM XV C PRF 4.2kHz
PRC 6-5-H PRS 2 PRC 2-L-H PRS 3
PST 1 WF H

NEWCARD PA230





NAME	Mr. AMIT KUMAR	AGE/SEX	31 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	17/08/2022

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



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:

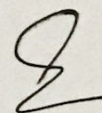
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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.

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

Amit Kumar

31/2/22

17/2/22

120/60

75/75

56

Asymptomatic

Q

Dr. Nitin

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

Reg.NO. : 183
 NAME : **Mr. AMIT KUMAR**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD
 DATE : **09/08/2022**
 AGE : 31 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD SUGAR F.	78	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	24	U/L	7-32
BLOOD UREA	22	mg/dL.	10-40

* 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 imparement 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	0.6	mg/dL.	0.5-1.4
URIC ACID	7.8	mg/dl	0-8

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	145	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.4	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.4	mg/dl	8.5 - 10.5

Centre of Apple Cardiac Care

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



APPLE
PATHOLOGY
 TRUSTED RESULT

Reg.NO. : 183
 NAME : **Mr. AMIT KUMAR**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **09/08/2022**
 AGE : 31 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.8	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.6	Gm/dL	2.3 - 3.5
A : G Ratio	1.62		0.0-2.0
SGOT	57	IU/L	0-40
SGPT	49	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.

Reg.NO. : 183
 NAME : **Mr. AMIT KUMAR**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **09/08/2022**
 AGE : 31 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	193	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	142	mg/dl.	30 - 160
HDL CHOLESTEROL	54	mg/dL.	30-70
VLDL CHOLESTEROL	28.4	mg/dL.	15 - 40
LDL CHOLESTEROL	110.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.57	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.05	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 : A B
 Rh : POSITIVE

URINE EXAMINATION

Reg.NO. : 183
 NAME : **Mr. AMIT KUMAR**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **09/08/2022**
 AGE : 31 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			
Bacteria	NIL		
Other	NIL		



Reg.NO. : 183
NAME : **Mr. AMIT KUMAR**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **09/08/2022**
AGE : 31 Yrs.
SEX : MALE

TEST NAME

RESULTS

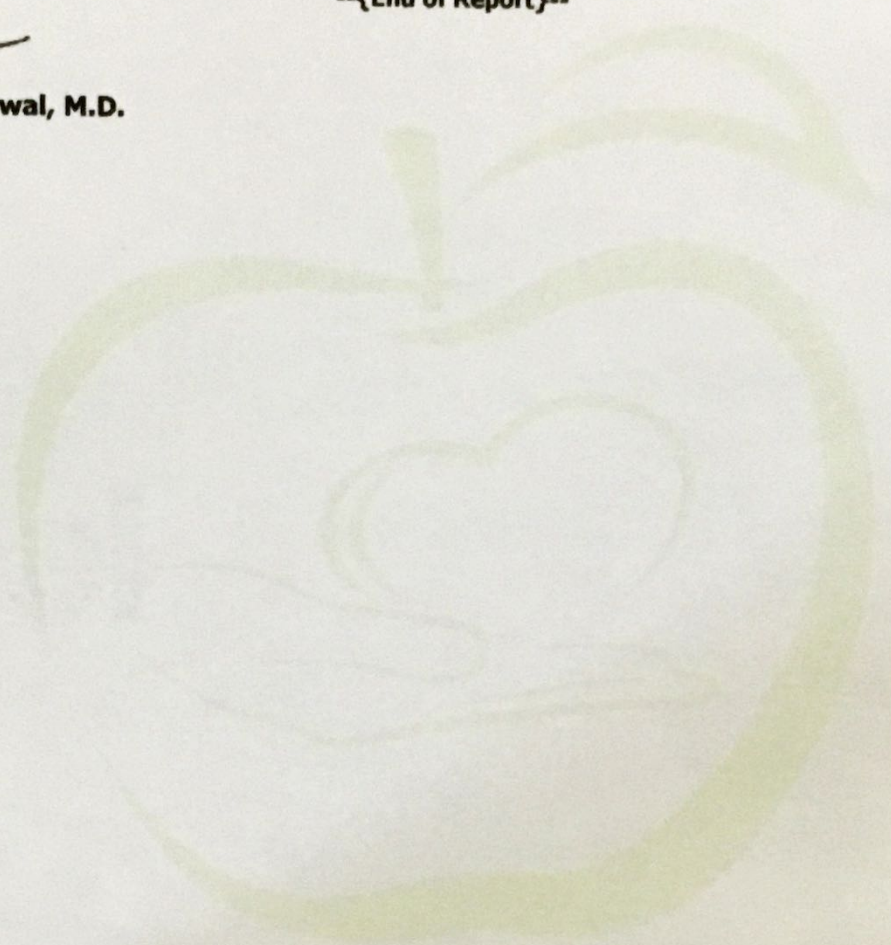
UNITS

BIOLOGICAL REF. RANGE

Shweta

--{End of Report}--

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





Visit ID : MBAR19181	Registration : 09/Aug/2022 02:48PM
UHID/MR No : ABAR.0000019177	Collected : 09/Aug/2022 03:03PM
Patient Name : Mr.AMIT KUMAR	Received : 09/Aug/2022 03:05PM
Age/Gender : 31 Y 0 M 0 D /M	Reported : 09/Aug/2022 04:04PM
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 : a2985165

DEPARTMENT OF HORMONE ASSAYS				
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)				
Sample Type : SERUM				
T3	0.88	ng/ml	0.61-1.81	CLIA
T4	9.4	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	1.617	uIU/mL	0.55-4.78	CLIA

INTERPRETATION:

1. 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.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. 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.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. 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.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. 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

Age	Ultrasensitive TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(Reference range recommended by the American Thyroid Association)

Comments :

1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. 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 ***

Miti

Dr. Miti Gupta
DNB ; MD [Pathology]







Name:	AMIT KUMAR	Lab NO:	012208090049
Age/Sex:	31 Y O M O D /Male	Test Date:	09-Aug-2022
Referred By:	Dr. NITIN AGARWAL CARDIO	Report Date:	09-Aug-2022

ULTRASOUND WHOLE ABDOMEN

TECHNIQUE: - Real time trans-abdominal sonographic images were obtained in multiple projections.

FINDINGS:-

LIVER is mildly enlarged in size (~16.2cm) with grade I fatty changes. No surface nodularity/focal lesion are seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in diameter.

GALL BLADDER is well distended and normal in wall thickness. No gallbladder sludge seen. No evidence of any mass or calculus is seen. No pericholecystic fluid is seen. Sonographic Murphy sign is absent. Common bile duct is normal in calibre.

PANCREAS: The pancreatic head and proximal body are imaged and are normal in size and echotexture. No focal lesion is seen. The distal pancreatic body and tail are obscured by overlying bowel gas.

SPLEEN is normal in size & echotexture. No focal lesion is seen.

BOTH KIDNEYS are normal in anatomical location, size and outline. Parenchymal-cortical thickness and echogenicity are normal. The corticomedullary differentiation is maintained. No obvious calculus or hydronephrosis is seen. Perirenal spaces appear normal.

URINARY BLADDER appears well distended, contents are echofree. Walls are smooth and normal in wall thickness. No calculus or mass lesion seen within the bladder or at UV junctions.

PROSTATE is grossly normal in size, outline and echotexture. No obvious focal lesion is seen.

No ascites is seen.
Bowel loops grossly appear normal.

IMPRESSION:

- ❖ **Mild hepatomegaly with grade I fatty changes.**
ADVISED: - CLINICAL & LAB CORRELATION WITH LFT.

Thanks for referrals

Dr. Mohit Agarwal
MBBS, MD (Radiodiagnosis).
Ex-Safdarjung Hospital & VMMC, New Delhi.
Consultant Radiologist.

Dr. Prachi Srivastava
MBBS, MD (Radiodiagnosis), FRCR (London).
Ex-MAMC & LN Hospital, New Delhi.
Consultant Radiologist.

Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations, if there is a variance clinically this examination may be repeated or reevaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.



Name:	AMIT KUMAR	Lab NO:	012208090049
Age/Sex:	31 Y O M O D /Male	Test Date:	09-Aug-2022
Referred By:	Dr. NITIN AGARWAL CARDIO	Report Date:	09-Aug-2022

DIGITAL X-RAY CHEST (PA VIEW)

TECHNIQUE: - PA VIEW

FINDINGS:-

Both the lung fields appear clear. No focal lesion seen.

Both domes of diaphragm and CP angles appear normal.

Trachea appears central.

Both hila appear normal.

CT ratio is within normal limits.

PLEASE CORRELATE CLINICALLY.

Thanks for referrals

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Consultant Radiologist.

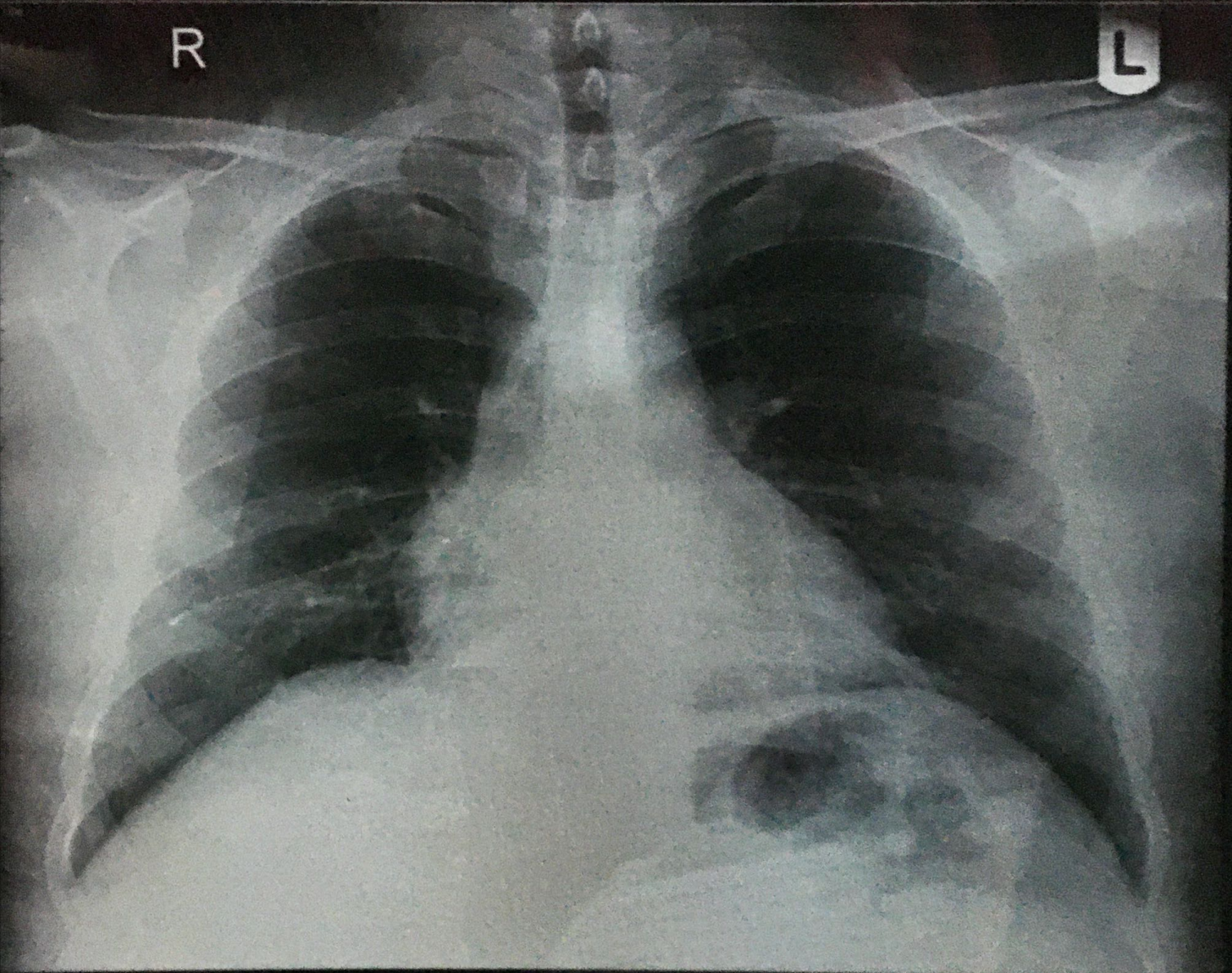
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R

L



AMIT KUMAR 31Y/M 012208090049 515069 CHEST PA 09-08-2022
FOCUS MRI & DIAGNOSTICS, BAREILLY PH- 7310987005

ALL DIAGNOSTIC TESTS UNDER ONE ROOF...

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India



अमित कुमार
Amit Kumar
जन्म तिथि / DOB: 18/08/1990
पुरुष / Male



6541 4491 0132

आधार - आम आदमी का अधिकार

आधार - आम आदमी का अधिकार
Unique Identification Authority of India

पता: सतीश सिया राम शर्मा, Address: S/O Siva Ram Sharma, 73, पंचशील नगर, चंद्रनोक, पंचशील नगर, चंद्रनोक, अस्पताल, बारी, आर के, Bareilly, Ra. University, Uttar Pradesh, विश्वविद्यालय, उत्तर प्रदेश, 243008, 243008

6541 4491 0132

1947 1800 300 1947
http://uidai.gov.in
www.uidai.gov.in

Amit

Dr. Nitin Agarwal
D.M.C. (CARDIOLOGY)

NO ADMISSION WITHOUT
PERMISSION
NO ONE IS TO BE
LEFT ENTERING
SWITCHED OFF OR
YOUR CELL PHONE
DIAL 911 IN EMERGENCY
ONLY

