



# MOHAN EYE HOSPITAL

E-233,247 EWS FLATS, EKTA NAGAR, NEAR SSD PLAZA, BAREILLY-243122  
 Ph.: 0581-2311117, M. 8979544422, 7417095527, 8218386879 E-mail: mehbareilly@gmail.com

Dr. Aditya Tyagi M.B.B.S., DO  
 Senior Consultant

Directors :  
 Mr. Ankush Sharma

Mr. Mahesh Pal

Mr. Shivam Mishra

Pharmacist :  
 Drx. Ankush Sharma  
 (B.Pharma)

Optometrist  
 D.R. Opt. Mahesh Pal  
 B.Sc. Opto.

D.R. Opt. Shivam Mishra  
 B.Sc. Opto.

D.R. Opt. Anil Kumar Yadav  
 Opto.

D.R. Opt. Deeksha  
 Opto.

D.R. Opt. Neetu  
 B.Sc. Opto.

Vn < 6/60P  
 6/60P

Acc < +2.0DS  
 +2.0DS

Add +2.0DS

IOP < 17.3mmHg  
 17.3mmHg  
 Colour vision: OK

fundus : OK

Veer Pal

0747/23

Adv

G - cmc — 3 times a day B/E

Review in 3 months  
 or  
 100.

25/3/2023

	RE				LE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
Constant								
Distance	+2.0	—		6/6	+2.0	—		6/6
Reading	+4.0	—		2/6	+2.0	—		2/6

Valid : 5 Days



॥ ॐ गणेशाय नमः ॥

# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**  
MBBS (KGMU), MD (RADIOLOGY)  
CONSULTANT INTERVENTIONAL RADIOLOGIST  
FORMER SR. REGISTRAR - APOLLO HOSPITAL, NEW DELHI  
LIFE MEMBER OF IRIA

Timings : 9:00 am to 9:00 pm, Sunday 9.00 am to 3.00 pm  8392957683, 6395228718

MR. VEERPAL  
DR. NITIN AGARWAL, DM

25-03-2023

REPORT

EXAMINATION PERFORMED: X-RAY CHEST

B/L lung fields are clear

Both of the CP angles are clear.

Both hila show a normal pattern

Cardiac and mediastinal borders appear normal.

Visualized bony thorax and soft tissue of the chest wall appear normal.

IMPRESSION ---NO SIGNIFICANT ABNORMALITY IS SEEN

Not for medico-legal purpose

DR LOKESH GOYAL  
  
MD  
RADIOLOGIST

डिजिटल पराम-रे, मल्टी स्पेशलिटी  
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL PURPOSE



Scanned with OKEN Scanner

A-3, Ekta Nagar, Stadium Road,  
(Opposite Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



**APPLE**  
**CARDIAC CARE**  
DR. NITIN AGARWAL'S HEART CLINIC  
A UNIT OF PRIME HEART CARE

<b>NAME</b>	Mr. VEER PAL	<b>AGE/SEX</b>	43 Y/M
<b>Ref. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	25/03/2023

### ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

MEASUREMENTS                      VALUE                      NORMAL DIMENSIONS

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	2.3	cm	( 2.2 -3.7 cm)
LA	3.2	cm	( 1.9 -4.0 cm)

LV FUNCTION

EF	60	%	( 54 -76 % )
FS	30	%	( 25 -44 % )

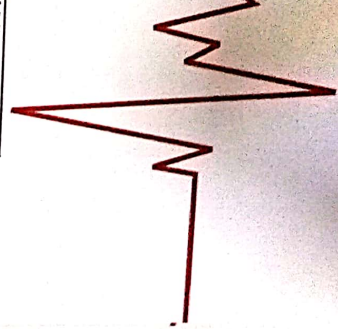
LEFT VENTRICLE : No regional wall motion abnormality  
No concentric left Ventricle Hypertrophy

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= 0.6 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~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN

NR

DR. NITIN AGARWAL  
DM (Cardiology)

Consultant Cardiologist

डॉ० नितिन अग्रवाल  
डि०एम०  
हृदय रोग विशेषज्ञ



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

# PARAS MRI & ULTRASOUND CENTRE



**MOST ADVANCED 32 CHANNEL 3T 3D WHOLE BODY MRI**

261, ASHAPURAM, OPP. DR. BASU EYE HOSPITAL, STADIUM ROAD, BAREILLY  
 • Helpline : 7300761761 • E-mail : paramribly@gmail.com

## REPORT

4D / 5D ULTRASOUND

COLOR DOPPLER

TVS/ TRUS

MUSCULOSKELETAL USG

Date : 25.3.2023  
 Name : VEER PAL 43Y/M  
 Ref.BY : APPLE CARDIAC CARE

### ULTRASOUND WHOLE ABDOMEN

=====

LIVER - Liver is normal in size and outline. *It shows increased echogenicity.* No obvious focal pathology is seen. The intra hepatic biliary radicals are not dilated. PV -normal.

GALL BLADDER -Gall Bladder is normal in size, has normal wall thickness with no evidence of calculi. Fat planes between GB and liver are well maintained. The CBD appears normal.

PANCREAS - Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductile dilatation is seen.

SPLEEN - Spleen is normal in size and echogenicity. There is no evidence of collaterals

KIDNEYS - Both kidneys are normal in position, outline and echogenicity. No calculi are seen on both sides CMD is maintained. No evidence of hydronephrosis is seen on both sides.

URINARY BLADDER - *Partially distended. Review at full bladder state if clinically indicated.*


PROSTATE- Grossly normal in size and echotexture.

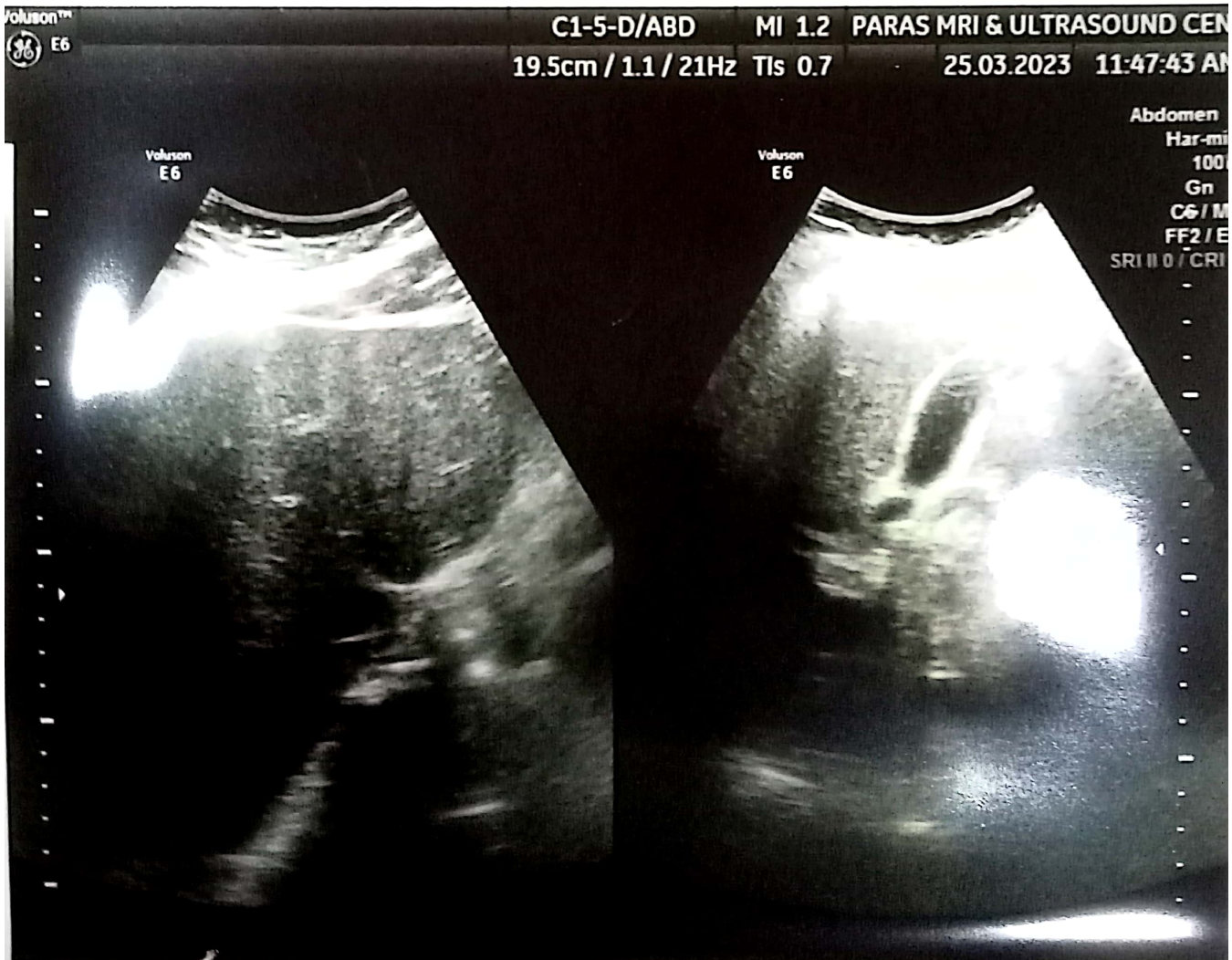
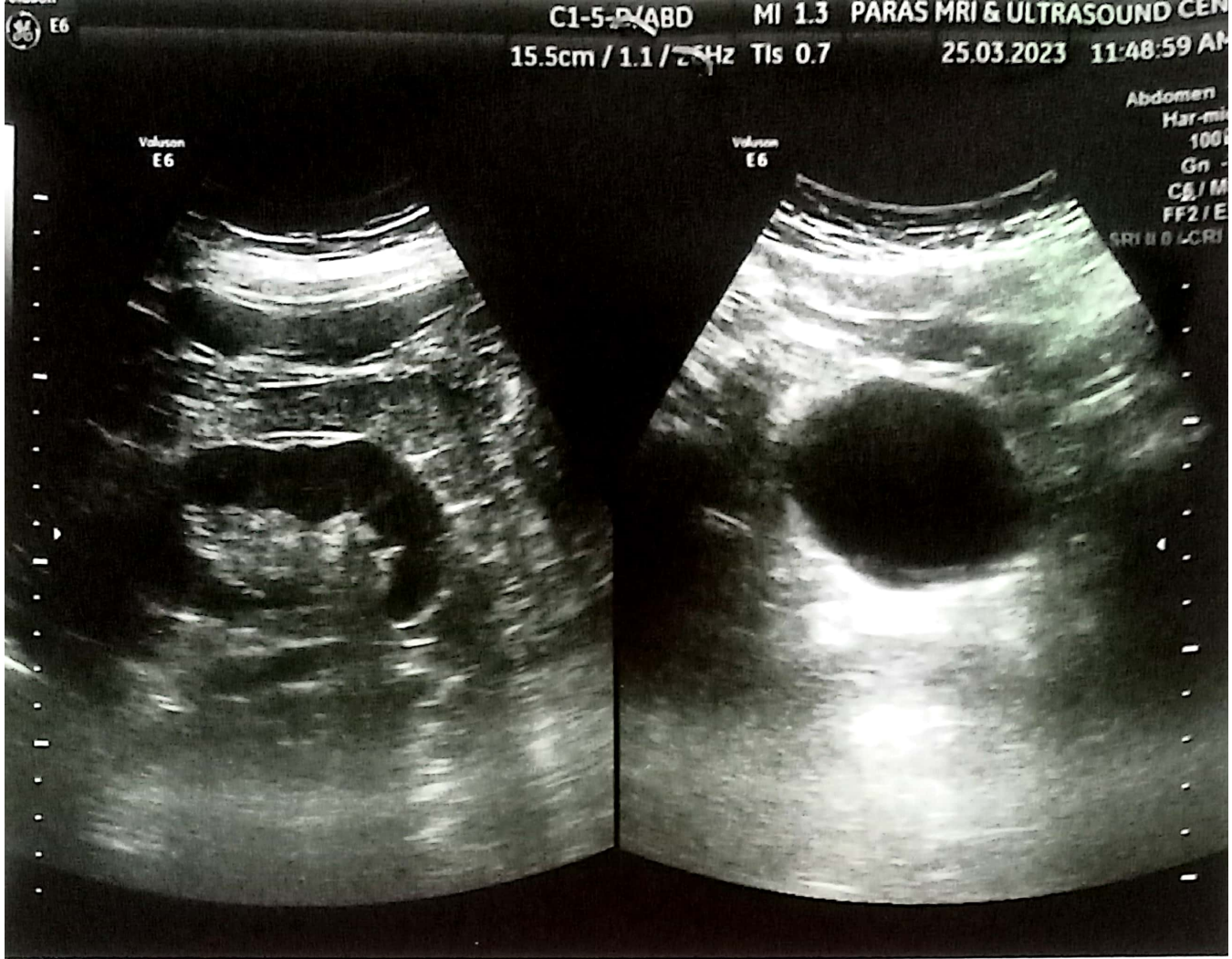
No evidence of ascites/pleural effusion/ adenopathy is seen. Bowel loops are not dilated. Bilateral iliac fossa appears normal

IMPRESSION:

❖ *Grade I fatty liver.*

Adv- clinical correlation.

  
**Dr. Puja Tripathi**  
 M.B.S., M.D.  
 MBBS, MD (Radiodiagnosis, SGPGL)



Reg.NO. : 47  
 NAME : **Mr. VEER PAL**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD URINE

DATE : **25/03/2023**  
 AGE : 43 Yrs.  
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>HAEMATOTOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	15.0	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	8,500	/cumm	4,000-11,000
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>			
Neutrophils	70	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	02	%	01-08
Monocytes	00	%	01-06
Basophils	00	%	00-02
TOTAL R.B.C. COUNT	5.20	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	46.0	%	35-54
M C V	88.5	fL	76-96
M C H	28.8	pg	27.00-32.00
M C H C	32.6	g/dl	30.50-34.50
PLATELET COUNT	2.20	lacs/mm <sup>3</sup>	1.50 - 4.50
<b>E.S.R (WINTROBE METHOD)</b>			
-in First hour	10	mm	00 - 15
<b>BIOCHEMISTRY</b>			
Gamma Glutamyl Transferase (GGT)	18	U/L	7-32
<b>HAEMATOTOLOGY</b>			

**Report is not valid for medicolegal purpose**

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. : 47  
NAME : **Mr. VEER PAL**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD URINE

DATE : **25/03/2023**  
AGE : 43 Yrs.  
SEX : MALE

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

**BLOOD GROUP**

Blood Group : O+  
Rh : POSITIVE

**BIOCHEMISTRY**

BLOOD SUGAR F. : 119 mg/dl 60-100

**HAEMATOTOLOGY**

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.

**BIOCHEMISTRY**

BLOOD UREA NITROGEN : 23 mg/dL. 5 - 25  
SERUM CREATININE : 0.8 mg/dL. 0.5-1.4

**Report is not valid for medicolegal purpose**





Reg. NO. : 47  
NAME : **MR. VEER PAL**  
REFERRED BY : Dr. Nitin Agarwal (D.M)  
SAMPLE : BLOOD URINE

DATE : **25/03/2023**  
AGE : 43 Yrs.  
SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URIC ACID	7.8	mg/dl	3.5-8.0

**CLINICAL SIGNIFICANCE:**

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

SERUM SODIUM (Na)	139	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	5.2	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.4	mg/dl	8.5 - 10.5

**LIVER PROFILE**

SERUM BILIRUBIN	0.8	mg/dL	0.3-1.2
TOTAL	0.5	mg/dL	0.2-0.6
DIRECT	0.3	mg/dL	0.1-0.4
INDIRECT			

**SERUM PROTEINS**

Total Proteins	6.5	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.6		0.0-2.0

SGOT

SGPT

SERUM ALK.PHOSPHATASE

	33	IU/L	0-40
	27	IU/L	0-40
	71	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**



Reg. NO. : 47  
NAME : **Mr. VEER PAL**  
REFERRED BY : Dr. Nitin Agarwal (D M)  
SAMPLE : BLOOD URINE

DATE : 25/03/2023  
AGE : 43 Yrs.  
SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	228	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	180	mg/dL.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	36	mg/dL.	15 - 40
LDL CHOLESTEROL	144	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.75	mg/dl	
LDL/HDL CHOLESTEROL RATIO	3	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 mellitus, 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.

**URINE EXAMINATION**

**Report is not valid for medicolegal purpose**

Reg.NO. : 47  
 NAME : **Mr. VEER PAL**  
 REFERRED BY : Dr.Nitin Agarwal (D.M)  
 SAMPLE : BLOOD URINE

DATE : **25/03/2023**  
 AGE : 43 Yrs.  
 SEX : MALE

**TEST NAME**

**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANGE**

**URINE EXAMINATION REPORT**

**PHYSICAL EXAMINATION**

pH	6.0		
TRANSPARENCY			
Volume	30	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	0-1	/H.P.F.
Epithelial Cells	1-2	/H.P.F.
Crystals	Nil	Nil
Casts	Nil	/H.P.F.
DEPOSITS	Nil	
Bacteria	Nil	
Other	Nil	

**BIOCHEMICAL**

Report is not valid for medicolegal purpose

**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. : 47  
NAME : **Mr. VEER PAL**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD URINE

DATE : 25/03/2023  
AGE : 43 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
Prostatic Specific Antigen	1.9	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

--{End of Report}--

**Dr. Shweta Agarwal**  
MD(Pathology), Apple Pathology  
Bareilly (UP)

**Report is not valid for medicolegal purpose**



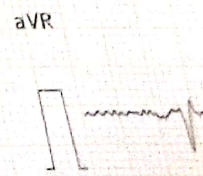
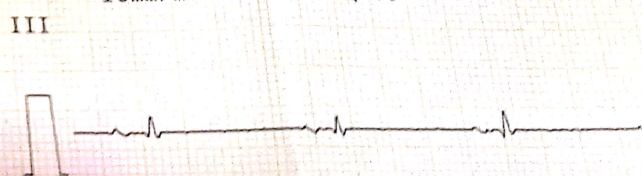
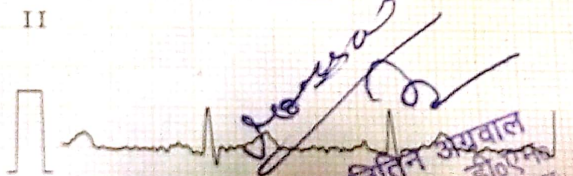
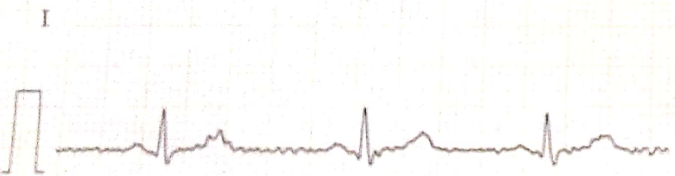


10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

BPL CARDIA



*Handwritten signature*  
 डॉ० नितिन अग्रवाल  
 डी०एम०  
 हृदय रोग विशेषज्ञ

Pat. ID... *Veerpal.. 25/03/2025*

Pat. ID .....

