

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

76/23

122/32
86/2
92

Mullen.

A

Asymptotic.

Q

Q. rest



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



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. : 70
NAME : **Mr. NEELAM**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **07/06/2023**
AGE : 32 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.4	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	57	%	40-75
Lymphocytes	40	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.1	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	35.6	%	35-54
M C V	86.6	fL	76-96
M C H	27.7	pg	27.00-32.00
M C H C	32.0	g/dl	30.50-34.50
PLATELET COUNT	1.78	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
GLYCOSYLATED HAEMOGLOBIN	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.

venture of Apple Cardiac Care
A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



DATE : 07/06/2023
AGE : 32 Yrs.
SEX : MALE

Reg. NO. : 70
NAME : **MR. NEELAM**
REFERRED BY : Dr. Nitin Agarwal (D.M)
SAMPLE : BLOOD

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD GROUP			
Blood Group	0		
Rh	NEGATIVE		
BIOCHEMISTRY			
Gamma Glutamyl Transferase (GGT)	26	U/L	7-32
BLOOD SUGAR F.	100	mg/dl	60-100
BLOOD UREA NITROGEN	17	mg/dL.	5 - 25
SERUM CREATININE	0.6	mg/dL.	0.5-1.4
URIC ACID	6.4	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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



Reg. NO. : 70
 NAME : **Mr. NEELAM**
 REFERRED BY : Dr. Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **07/06/2023**
 AGE : 32 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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	6.1	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.1	Gm/dL	2.3 - 3.5
A : G Ratio	1.90		0.0-2.0
SGOT	39	IU/L	0-40
SGPT	36	IU/L	0-40
SERUM ALK. PHOSPHATASE	89	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.

Centre of Apple Cardiac Care
K-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



Reg. NO. : 70
NAME : **Mr. NEELAM**
REFERRED BY : Dr. Nitin Agarwal (D.M)
SAMPLE : BLOOD

DATE : **07/06/2023**
AGE : 32 Yrs.
SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	123	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	99	mg/dL.	30 - 160
HDL CHOLESTEROL	52	mg/dL.	30-70
VLDL CHOLESTEROL	19.8	mg/dL.	15 - 40
LDL CHOLESTEROL	51.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	2.37	mg/dl	
LDL/HDL CHOLESTEROL RATIO	0.98	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 defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum 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



Reg.NO. : 70
 NAME : **Mr. NEELAM**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **07/06/2023**
 AGE : 32 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.015		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	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS			
Bacteria	NIL		
Other	NIL		

A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road, Reg.NO.
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



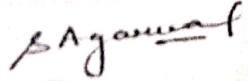
APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 70
NAME : **Mr. NEELAM**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **07/06/2023**
AGE : 32 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	110	mg/dl	80-160

--{End of Report}--


Dr. Shweta Agarwal
MD (Pathology), Apple Pathology
Bareilly (U.P.)



NAME	Mrs. NEELAM	AGE/SEX	32 Y/F
Ref. By	DR. NITIN AGARWAL (DM)	DATE	07/06/2023

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)	2.4 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.

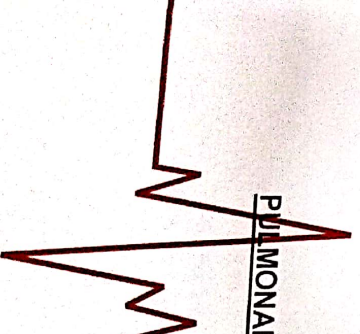
TRICUSPID VALVE : Thin, opening wells. No calcification, No doming.
 No Prolapse.
 Tricuspid inflow velocity= 0.7 m/sec

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

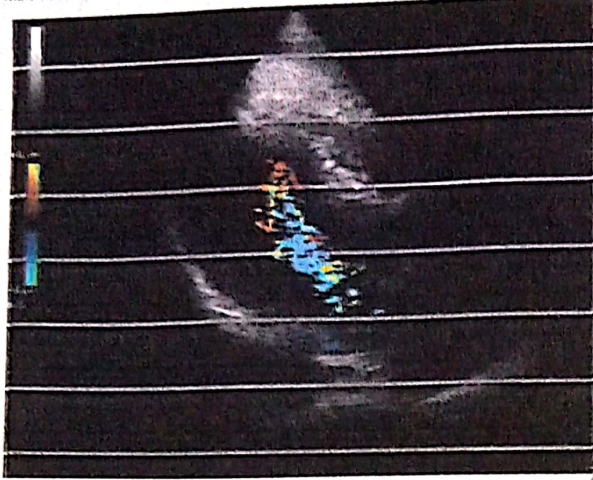
TMT | HOLTER MONITORING | PATHOLOGY



07 JUN 2023 04:50pm

BT	F	P	G	58K	CMR	F	2.5	HRZ	G	400K
TEST	01	105	COM	20V	C					
PRC	6-5-L	HRZ	A							
POST	1									

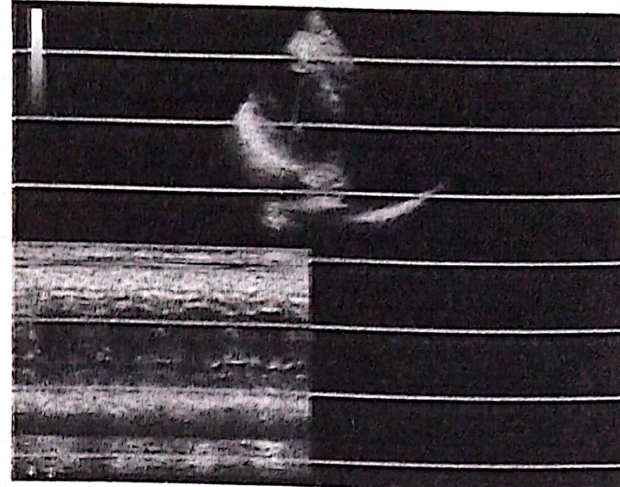
NEWCARD IMAGE



07 JUN 2023 04:50pm

BT	F	P	G	58K	CMR	F	2.5	HRZ	G	400K
TEST	01	105	COM	20V	C					
PRC	6-5-L	HRZ	A							
POST	1									

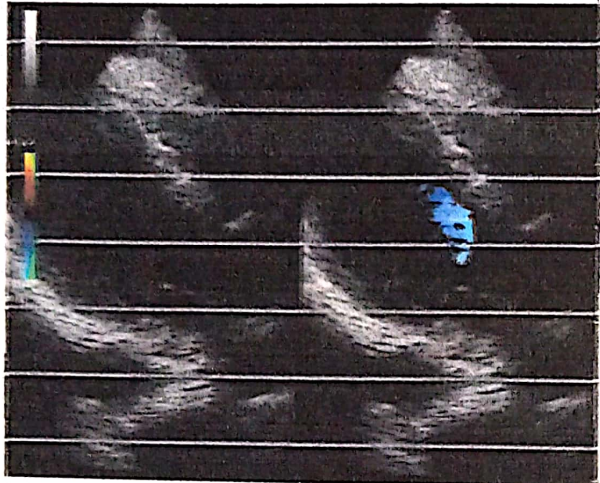
NEWCARD IMAGE



07 JUN 2023 04:50pm

BT	F	P	G	58K	CMR	F	2.5	HRZ	G	400K
TEST	01	105	COM	20V	C					
PRC	6-5-L	HRZ	A							
POST	1									

NEWCARD IMAGE



07 JUN 2023 04:50pm

BT	F	P	G	58K	CMR	F	2.5	HRZ	G	400K
TEST	01	105	COM	20V	C					
PRC	6-5-L	HRZ	A							
POST	1									

NEWCARD IMAGE



07 JUN 2023 04:50pm

BT	F	P	G	58K	CMR	F	2.5	HRZ	G	400K
TEST	01	105	COM	20V	C					
PRC	6-5-L	HRZ	A							
POST	1									

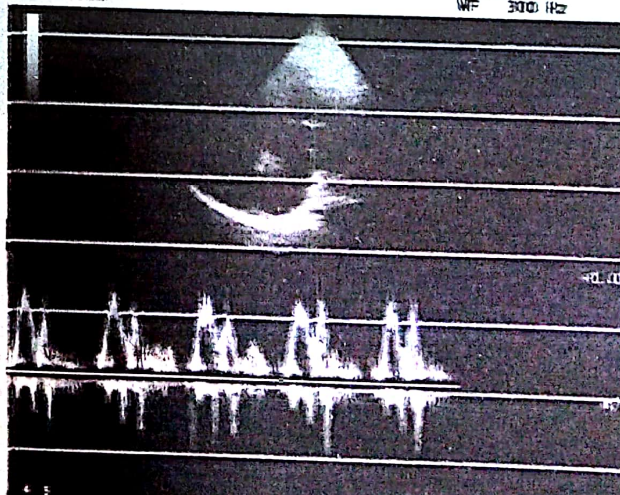
NEWCARD IMAGE



07 JUN 2023 04:50pm

BT	F	P	G	58K	CMR	F	2.5	HRZ	G	400K
TEST	01	105	COM	20V	C					
PRC	6-5-L	HRZ	A							
POST	1									

NEWCARD IMAGE





॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

DR. LOKESH GOYAL

MBBS (KGMC), 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

MRS. NEELAM
DR. NITIN AGARWAL, DM

07-06-2023

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 एक्स-रे, मल्टी स्लाईस
सी. टी. स्वैच सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE



Scanned with OKEN Scanner



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 : parasmribly@gmail.com

REPORT

4D / 5D ULTRASOUND

COLOR DOPPLER

TVS/ TRUS

MUSCULOSKELETAL USG

Date : 07.06.2023
Name : NEELAM 32Y/F
Ref.By : APPLE CARDIAC CARE

ULTRASOUND WHOLE ABDOMEN+TVS

LIVER - Liver is mildly enlarged in size ~ 15.7cm and outline. It shows increased echogenicity. No obvious focal pathology is seen. The intra hepatic biliary radicals are not dilated. PV -5.0 mm

GALL BLADDER -Gall Bladder is normal in size and shows normal wall thickening, 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 enlarged in size ~ 14.8cm and normal echogenicity. There is no evidence of collaterals

RIGHT KIDNEY normal in position, outline and echogenicity. No evidence of calculi is seen. CMD is maintained. No evidence of hydronephrosis is seen.

LEFT KIDNEY normal in position, outline and echogenicity. No evidence of calculi is seen. CMD is maintained. No evidence of hydronephrosis is seen.

URINARY BLADDER -Urinary Bladder is normal in size and outline. There is no evidence of any obvious intraluminal or paramedical pathology. Wall is not thickened

Uterus - Uterus is anteverted and normal in size. The myometrial and endometrial echoes are normal. The endometrial thickness measures 6 mm. No focal lesion is seen.

Both Ovaries are normal in size and show uniform parenchymal echogenicity and smooth outlines. No evidence of cyst or mass is seen. **No dominant follicle on either side. Few cystic changes within the endometrium.**

Right ovary vol- 5cc

Left ovary vol- 6cc

Both Parametria are free. No free fluid is seen in the Pouch of Douglas.

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

IMPRESSION:

- ❖ Mild hepatosplenomegaly.
- ❖ Few cystic changes within the endometrium.
- ❖ No dominant follicle on both ovaries---Needs clinical and hormonal correlation
- ❖ Grade I fatty liver.

Adv clinical correlation.


Dr. Puja Tripathi

M.B.B.S., M.D.

MBBS, MD (Radiodiagnosis, SGPGI)

NOT VALID FOR MEDICO LEGAL PURPOSE



Scanned with OKEN Scanner

