### 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



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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



### A 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

Reg.NO. : 70

NAME : Mr. NEELAM AGE : 32 Yrs.
REFERRED BY : Dr.Nitin Agarwal (D M) SEX : MALE

SAMPLE : BLOOD

SAMPLE . BLOOD		
TEST NAME	RESULTS	UNITS BIOLOGICAL REF. RANGE
	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	<mark>% 40-75</mark>
Lymphocytes	40	% 20-45
Eosinophils	03	% 01-08
TOTAL R.B.C. COUNT	4.1	million/cumm3.5-6.5
P.C.V./ Haematocrit value	35.6	% 35-54
MCV	86.6	fL 76-96
мсн	27.7	pg 27.00-32.00
MCHC	32.0	g/dl 30.50-34.50
PLATELET COUNT	1.78	lacs/mm3 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.

Page 1 of 6

### Inture of Apple Cardiac Care

(Opp. Care Hospital), Bareilly - 243 122 (U.P.) India Tel.: 07599031977, 09458888448 4-3, Ekta Nagar, Stadium Road,



TRUSTED RESULT

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Reg.NO. NAME REFERRED BY SAMPLE	: 70 : Mr. NEELAM : Dr.Nitin Agarwal (D M) : BLOOD		DATE AGE SEX	: <b>07/06/2023</b> : 32 Yrs. : MALE	1
TEST NAME		RESULTS	STIND	BIOLOGICAL REF, RANGE	m
BLOOD GROUP	ď				
Blood Group	ď	0			
뫄		NEGATIVE			
		BIOCHEMISTRY			
Gamma Glutam	Gamma Glutamyl Transferase (GGT)	26	U/L	7-32	
BLOOD SUGAR F.	Ţ.	100	mg/dl	60-100	
BLOOD UREA NITROGEN	JTROGEN	17	mg/dL.	5 - 25	
SERUM CREATININE	ININE	0.6	mg/dL.	0.5-1.4	
URIC ACID		6,4	mg/dl	3.5-8.0	
CI INICAL SI	CLINICAL SIGNIFICANCE:				

CLINICAL SIGNIFICANCE:

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

### Inture of Apple Cardiac Care

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



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SAMPLE NAME Reg.NO. REFERRED BY : BLOOD : Dr.Nitin Agarwal (D M) : Mr. NEELAM Š AGE DATE : **07/06/2023** : 32 Yrs. MALE

TEST NAME	RESULTS	STINU	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

COMMENTS-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

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.

### enture of Apple Cardiac Care

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



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SAMPLE NAME REFERRED BY Reg.NO. : Mr. NEELAM : BLOOD : Dr.Nitin Agarwal (D M) SE Æ : 32 Yrs. MALE : 07/06/2023

TEST NAME LIPID PROFILE SERUM CHOLESTEROL	RESULTS	1001	BIOLOGICAL REF. RANGE
	123	mg/dL.	130 - 200
IDE	99	mg/dl.	30 - 160
יוטר כחסנבסובאטר 5	12	mg/dL.	30-70
	19.8	mg/dL.	15 - 40
	51.20	mg/dL.	00-130
	2.37	mg/dl	
LDL/HDL CHOLESTEROL RATIO 0	0.98	ma/dl	
		ţ	

### 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 indefining cardiovascular risk factors and in the managment 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. levels of cholesterol and LDL - cholesterol HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable

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. LDL - CHOLESTEROL& TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal

### URINE EXAMINATION

### Inture of Apple Cardiac Care

73, Ekta Nagar, Stadium Road, (Opp. Care Hospital), Barellly - 243 122 (U.P.) India Tel. : 07599031977, 09458888448



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REFERRED BY SAMPLE Reg.NO. : 70
: Mr. NEELAM
: Dr.Nitin Agarwal (D M)
: BLOOD AGE SEX : **07/06/2023** : 32 Yrs. : MALE

INTITY   ENTITY   E				
INLE EXAMINATION REPORT HYSICAL EXAMINATION  6.0  ANSPARENCY Volume Colour Appearence Sediments Specific Gravity Specific Gravity Nil Specific Gravity Nil SUBERTONE SUGHEMICAL EXAMINATION NII INLE KETONE SUGBER Albumin Phosphates Albumin Phosphates Plus Cells Plus Cells Plus Cells Plus Cells Plus Cells NIL Casts NIL	TEST NAME	RESULTS	STIND	BIOLOGICAL REF. RANGE
HYSICAL EXAMINATION  6.0  ANSPARENCY  Volume  Colour  Appearence Sediments Specific Gravity  Reaction  OBILINOGEN  INI  Sugar  Albumin Phosphates Pus Cells Pus Cells Pus Cells  Crystals  Crystals  MIL  MIL  MIL  MIL  ANSPARENCY  ADSITIS  Bacteria  MIL  COLOR  COLOR  COLOR  ACICIC  COLOR	URINE EXAMINATION REPORT			
ANSPARENCY Volume Volume 20 Light Yellow Appearence Sediments Specific Gravity 1.015 Reaction OBILINOGEN VII SUGHEMICAL EXAMINATION VIII SUBJIN FINE KETONE Albumin Phosphates Plus Cells Plus Cells Plus Cells Plus Cells Plus Cells Plus Cells Crystals Crystals AIL Other  NIL ON NIL ON NIL OTHER ON NIL ON NIL ON NIL OTHER ON NIL OTHER ON NIL ON NIL ON NIL ON NIL OTHER ON NIL ON NIL OTHER ON NIL ON NIL ON NIL ON NIL ON NIL OTHER OTHER ON NIL OTHER OTHE	PHYSICAL EXAMINATION			
EENCY e 20 Light Yellow Clear eents Nil C Gravity 1.015 On Acidic MICAL EXAMINATION OGEN Nil ONE Nil Nil Nil Nil Ood Cells 1-2 NIL	PH	6.0		
e 20 ml  Light Yellow  rence Clear  ents Nil  c Gravity 1.015  On Acidic  MICAL EXAMINATION  ONE Nil  in Absent  SCOPIC EXAMINATION  SIIS  Ial Cells 1-2 /H.P.F.  NIL  NIL  NIL  NIL  Light Yellow  Ini  Light Yellow  Ini  Acidic  Ini  Acidic	TRANSPARENCY			
Light Yellow   Clear	Volume	20	3	
rence Clear ents Nil c Gravity 1.015  in Acidic  NII  ONE NII  SCOPIC EXAMINATION  Is NII  Is NII  NII  NII  NII  1-2  NIL  NIL  NIL  NII  NIL  NII  NIL  NII  NIL  NII  NIL  NII  NII  NIL  NII  NII  NIL  NII  NII  NIL  NII  NI	Colour	Light Yellow	•	
ents Nil  ic Gravity 1.015  on Acidic  MICAL EXAMINATION Nil  ONE Nil  in Nil  scopic EXAMINATION Nil  ood Cells 1-2 /H.P.F.  lial Cells Nil /H.P.F.  NIL  NIL  NIL  NIL  NIL  NIL  NIL  NI	Appearence	Clear		Nil
I.015  IMICAL EXAMINATION  OGEN  NII  ONE  NII  NII  NII  NII  SCOPIC EXAMINATION  NII  Ial Cells  In  NIL  NIL  Acidic  NII  NII  NII  NII  NII  NII  NII  N	Sediments	Nil		
on Acidic  MICAL EXAMINATION  OGEN  NII  ONE  NII  NII  NII  NII  SCOPIC EXAMINATION  OOD Cells  Ils  Ils  NIL  NIL  NIL  NIL  NIL  NIL  NIL  NI	Specific Gravity	1.015		1.015-1.025
IMICAL EXAMINATION       NII         OOREN       NII         ONE       NII         In       NII         hates       Absent         SCOPIC EXAMINATION       NII       /H.P.F.         SIIs       1-2       /H.P.F.         Iial Cells       NIL       /H.P.F.         Is       NIL       /H.P.F.         NIL       NIL       /H.P.F.         NIL       NIL       /H.P.F.         NIL       NIL       /H.P.F.	Reaction	Acidic		
OGEN       NII         VONE       NII         NII       NII         In       Absent         SCOPIC EXAMINATION       NII       /H.P.F.         SIIs       1-2       /H.P.F.         Iial Cells       NIL       /H.P.F.         Is       NIL       /H.P.F.         NIL       NIL       /H.P.F.         NIL       NIL       /H.P.F.         NIL       NIL       /H.P.F.	<b>BIOCHEMICAL EXAMINATION</b>			
ONE  Nil  Nil  Nil  Nil  Absent  SCOPIC EXAMINATION  Nil  NIL  NIL  NIL  NIL  NIL  NIL  NIL  NI	UROBILINOGEN	Nil		NIL
ONE         NII           NII         NII           In         Absent           SCOPIC EXAMINATION         NII         /H.P.F.           Ood Cells         1-2         /H.P.F.           Ilial Cells         1-2         /H.P.F.           Is         NII         /H.P.F.           NII         NIL         /H.P.F.           NIL         NIL         /H.P.F.           NIL         NIL         /H.P.F.	BILIRUBIN	Nil		NEGATIVE
in Nil Nil Nil SCOPIC EXAMINATION  Nil Ood Cells 1-2  Is  Nil	URINE KETONE	Nii		NEGATIVE
in Nil  Absent  SCOPIC EXAMINATION  ood Cells  lls  1-2  NIL  NIL  NIL  NIL  NIL  NIL  NIL  NI	Sugar .	Nil		Nii
hates Absent  SCOPIC EXAMINATION  Nil /H.P.F. ood Cells 1-2 /H.P.F. lial Cells NIL NIL NIL NIL NIL	Albumin	Nil		Ni
SCOPIC EXAMINATION       NII       /H.P.F.         ood Cells       1-2       /H.P.F.         ills       1-2       /H.P.F.         ilal Cells       NIL       /H.P.F.         Is       NIL       /H.P.F.         NIL       NIL         NIL       NIL         NIL       NIL	Phosphates	Absent		Nii
ood Cells  1-2  H.P.F.  Ilal Cells  NIL  NIL  NIL  NIL  NIL  NIL  NIL  NI	MICROSCOPIC EXAMINATION			
Ills       1-2       /H.P.F.         lial Cells       NIL       /H.P.F.         Is       NIL       /H.P.F.         NIL       NIL       NIL         NIL       NIL	Red Blood Cells	Nil	/H.P.F.	
lial Cells  1-2  NIL  NIL  NIL  NIL  NIL  NIL  NIL  NI	Pus Cells	1-2	/H.P.F.	
IS NIL /H.P.F. ria NIL NIL NIL NIL	Epithelial Cells	1-2	/H.P.F.	
NIL NIL	Crystals	NIL		NIL
Tà	Casts		/H.P.F.	
ត់	DEPOSITS	NIL		
	Bacteria	NIL		
	Other	NIL		

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NAME : Mr. NEELAM

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SÁMPLÉ : BLOOD

DATE: 07/06/2023

AGE: 32 Yrs. SEX: MALE

TEST NAME

**RESULTS** 

UNITS BIOLOGICAL REF. RANGE

**BIOCHEMISTRY** 

110

mg/dl

80-160

BLOOD SUGAR P.P.

110

--{End of Report}--

& Agament

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



NAMEMrs. NEELAMAGE/SEX32 Y/FReff. ByDr. NITIN AGARWAL (DM)DATE07/06/2022	0110012020	1		
Mrs. NEELAM	07/08/2022	DATE	Ur. NITIN AGARWAL (DM)	Reff. By
Mrs NFFI AM	32 Y/F	AGE/OEX	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	
	30 41	VCE/SEV		ZAME

# ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

		I O I O VITTING VICE STATE
MEASUREMENTS		VALUE NORMAL DIMENSIONS
LVID (d)	4.5	cm (3.7–5.6 cm)
LVID (s)	2.4	cm (2.2 – 3.9 cm)
RVID (d) 2	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)
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	ди 1	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
		Torse scienty - 1.3 III/Sec

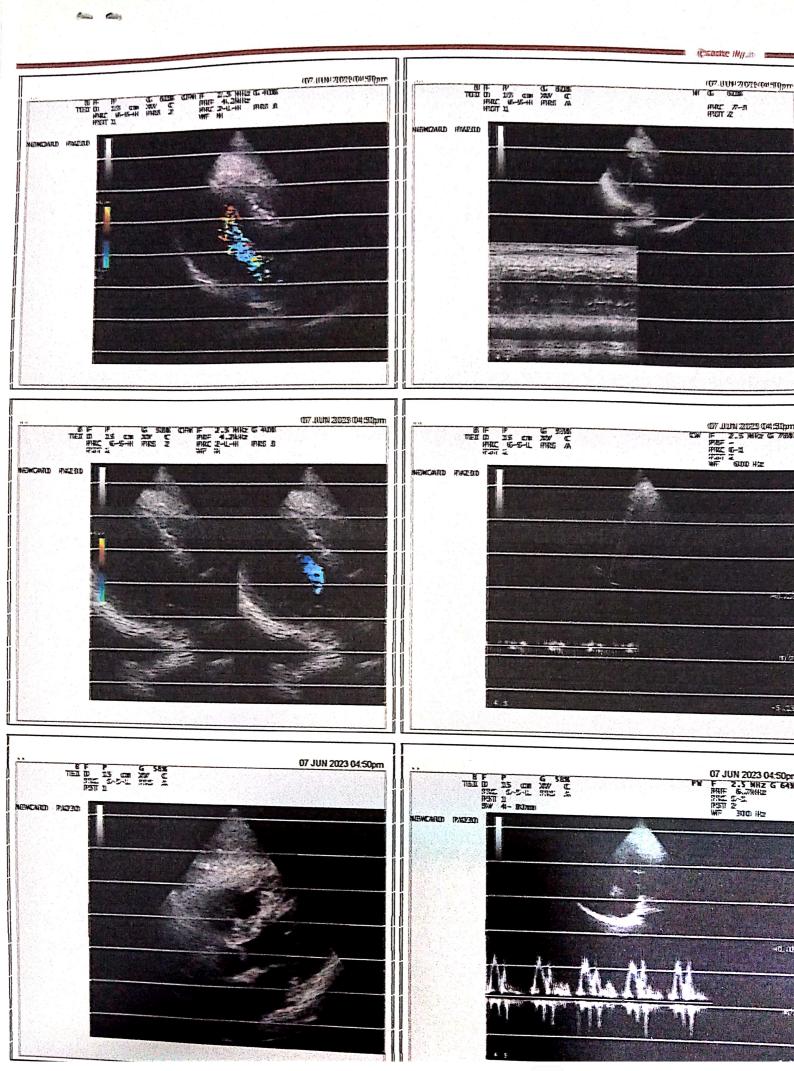
MONARY VALVE

ALVE: 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



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### 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

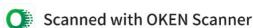
Not for medico-legal purpose

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

डिनिटल एक्स-रे, मल्टी रलाईस सी. टी. स्केन सुविधा उपलब्ध है।



NOT VALID FOR MEDICO LEGAL PURPOSE





### 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 billary 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.

<u>SPLEEN</u> – 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)





