

Dr. Nitin Agarwal

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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

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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



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 118
NAME : **Mrs. KSHAMA**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **25/02/2023**
AGE : 32 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOTOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.5	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,900	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	64	%	40-75
Lymphocytes	34	%	20-45
Eosinophils	02	%	01-08
Monocytes	00	%	01-06
Basophils	00	%	00-02
TOTAL R.B.C. COUNT	4.23	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.1	%	35-54
M C V	85.3	fL	76-96
M C H	27.2	pg	27.00-32.00
M C H C	31.9	g/dl	30.50-34.50
PLATELET COUNT	1.64	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00- 20
BIOCHEMISTRY			
Gamma Glutamyl Transferase (GGT)	30	U/L	11-50

HAEMATOTOLOGY

Report is not valid for medicolegal purpose



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BLOOD GROUP			
Blood Group	B		
Rh	POSITIVE		
BIOCHEMISTRY			
BLOOD SUGAR F.	105	mg/dl	60-100
HAEMATOLOGY			
GLYCOSYLATED HAEMOGLOBIN	5.9		

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	18	mg/dL.	5 - 25
SERUM CREATININE	0.6	mg/dL.	0.5-1.4

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URIC ACID	6.2	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)	135	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.6	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5
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	6.6	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.6	Gm/dL	2.3 - 3.5
A : G Ratio	1.54		0.0-2.0
SGOT	31	IU/L	0-40
SGPT	24	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.

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LIPID PROFILE			
SERUM CHOLESTEROL	171	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	177	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	35.4	mg/dL.	15 - 40
LDL CHOLESTEROL	87.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.56	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.83	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.

URINE EXAMINATION

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URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	25	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.025		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	NIL		
Bacteria	NIL		

BIOCHEMISTRY

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BLOOD SUGAR P.P.	128	mg/dl	80-140

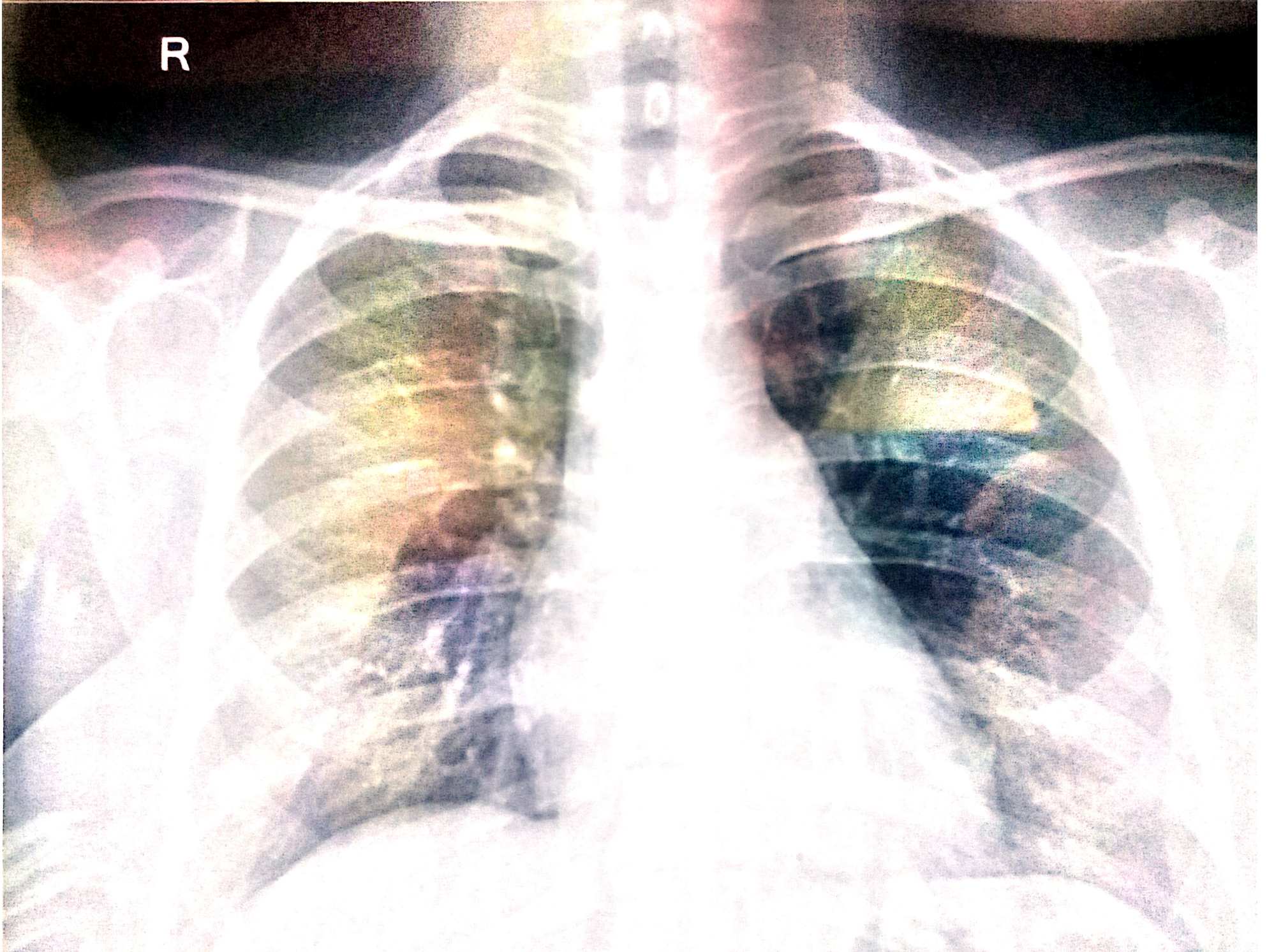
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Shweta

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

Report is not valid for medicolegal purpose

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10mm/mV 25mm/sec 25Hz

BPL CARDIART 6168T

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6168T

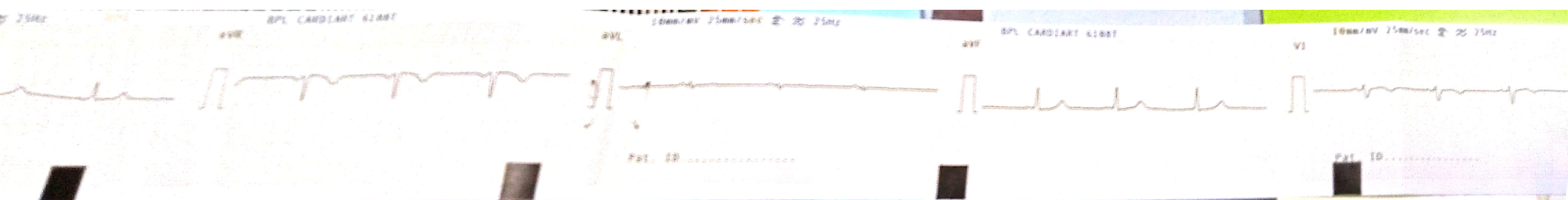
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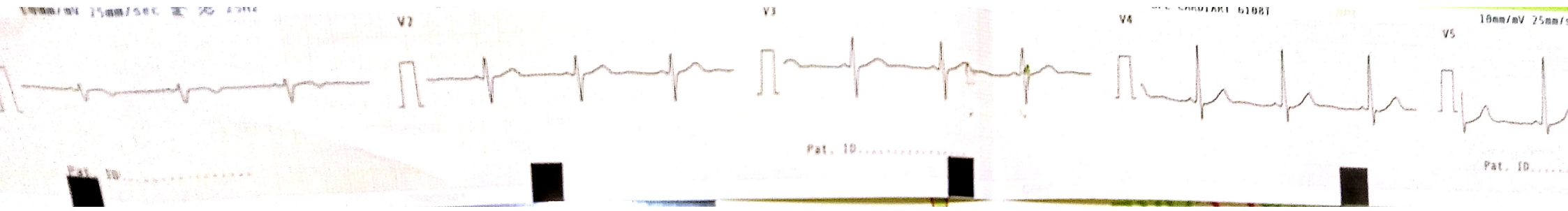
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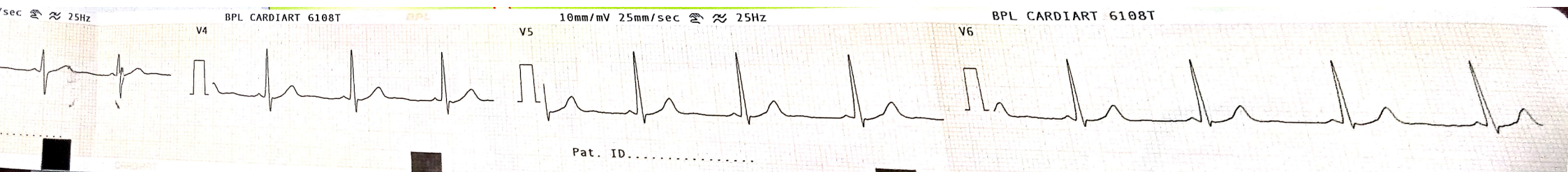
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हृदय रोग विशेषज्ञ

Pat. ID. /Kshyam 25/2/23

Pat. ID.









NAME:	: KSHAMA	Patient ID.:	: 343244
Age/Gender:	: 32 Y/Female	Registered	: 25/Feb/2023 11:08AM
Lab NO:	: 012302250079	Reported	: 25/Feb/2023 12:33PM
BarcodeNo.:	: 10394692	Report STATUS:	: Final
Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

ULTRASOUND WHOLE ABDOMEN

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

FINDINGS:-

LIVER is normal in size and echotexture. 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. Splenic vein is normal in calibre.

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.

UTERUS is normal in size, outline and normal in position, not low lying. Myometrial echotexture is normal. No evidence of any focal/diffuse lesion in myometrium is seen.

ENDOMETRIAL echo-complex is central in position & regular in outline measuring approx. 7mm in thickness. No collection is seen in the endometrial canal.

Right ovarian complex cyst with internal echoes & septations, size approx.29x23mm....Likely hemorrhagic. Left ovary appears normal in size and echopattern. No free fluid is seen in cul-de-sac. No ascites is seen. Bowel loops grossly appear normal.

IMPRESSION:

- **Right ovarian complex cyst with internal echoes & septations, size approx.29x23mm....Likely hemorrhagic.**

ADVISED: - CLINICAL & LAB CORRELATION WITH FOLLOW UP.

Thanks for referrals

*** End Of Report ***

Tests Requested:USG Whole Abdomen,SINGLE VIEW



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

Manali
Dr. Manali Agarwal
MBBS, MD (Radiodiagnosis)
IMS, BHU

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 this report is not valid for medical legal purposes. For Authenticity kindly scan QR code and contact the laboratory immediately for possible remedial action.

Focus Helpline
731-098-7005

www.focushealthcareindia.com
focushealthcarebly@gmail.com

Bareilly Main Centre:- 116 D, Gulmohar Park, Rajendra Nagar, Bareilly
Corporate Office:- F 1902, Sunshine, Sector 78, Noida (U.P.)





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Age/Gender:	: 32 Y/Female	Registered:	: 25/Feb/2023 11:08AM
Lab NO:	: 012302250079	Reported:	: 25/Feb/2023 12:42PM
BarcodeNo.:	: 10394692	Report STATUS:	: Final
Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

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



*** End Of Report ***

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NAME	Mrs . KSHAMA GUPTA	AGE/SEX	32 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	25/02/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.6 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	2.0 cm	(2.2 –3.7 cm)
LA	3.3 cm	(1.9 –4.0 cm)
<u>LV FUNCTION</u>		
EF	50-55 %	(54 –76 %)
FS	25 %	(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

25 FEB 2023 03:27pm

B F P G 408
TEI D 15 CB XV C
PRC 6-S-L PRS A
PST 1

NEWCARD PA230

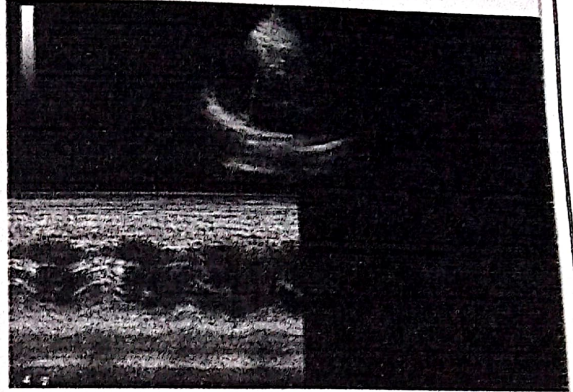


25 FEB 2023 03:27pm

B F P G 408
TEI D 15 CB XV C
PRC 6-S-H PRS A
PST 1

M G 408
PRC 7-3
PST 2

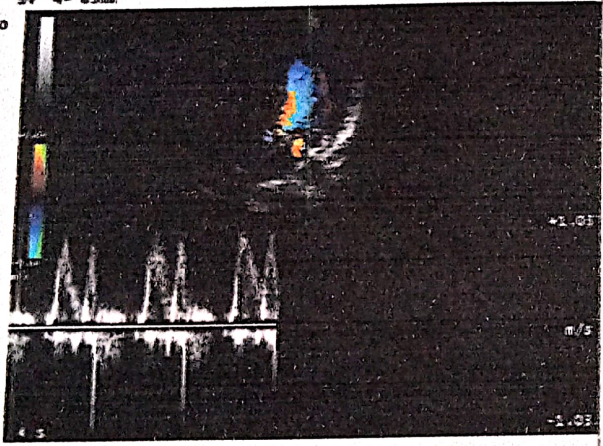
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25 FEB 2023 03:27pm

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TEI D 15 CB XV C PRF 4.28KHZ PRF 6.78KHZ
PRC 6-S-H PRS Z FRC 2-L-H PRS 3 PRC 6-1
PST 1 WF M PST 2
SV 4- 83mm WF 300 Hz

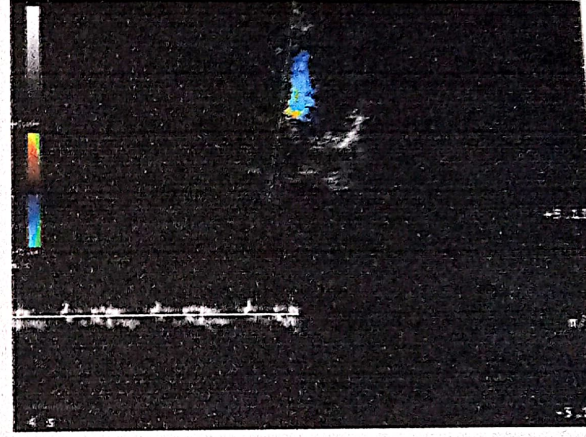
NEWCARD PA230



25 FEB 2023 03:27pm

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TEI D 15 CB XV C PRF 4.28KHZ PRF 6.78KHZ
PRC 6-S-H PRS 2 WF M PRS 3 PRC 6-1
PST 1 PST 2
WF 600 Hz

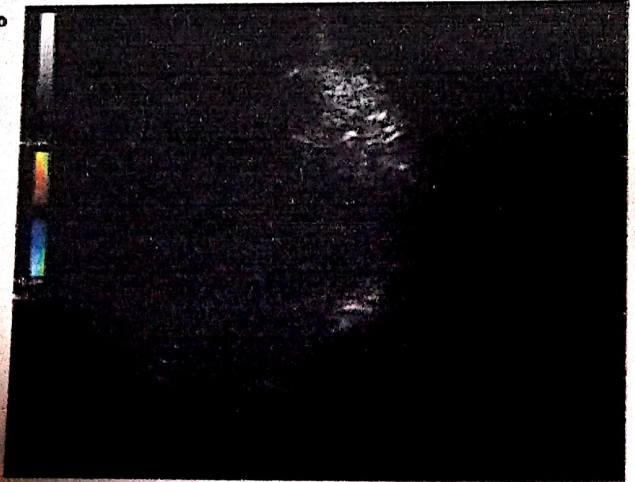
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25 FEB 2023 03:27pm

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TEI D 15 CB XV C PRF 4.28KHZ
PRC 6-S-H PRS 2 FRC 2-L-H PRS 3
PST 1 WF M

NEWCARD PA230



25 FEB 2023 03:27pm

B F P G 318
TEI D 15 CB XV C
PRC 6-S-L PRS A
PST 1

NEWCARD PA230

