ALPHA DIAGNOSTICS
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Patient ID	**10235152**	Reg. Date	12/08/2023 09:57:24
Name	**Mrs. KHUSI GANGWAR**	Collected On	
Sex/Age	Female 25 Yrs	Received On	
Ref. By	Dr. NITIN AGARWAL	Reported On	12/08/2023 10:55:38
Specimen			

X-RAY CHEST PA VIEW

Bilateral lung fields are clear.

Trachea is mid line.

Cardiac silhouette is normal.

Bilateral hilar shadows are normal.

Rib cage appears normal.

Bilateral CP angles are clear.

IMPRESSION: - NORMAL X-RAY CHEST

ADV – PLEASE CORRELATE CLINICALLY.

***** End of Report *****

DR SUBHAJIT DUTTA
MD RADIODIAGNOSIS
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Fellowship In Intervention Radiology

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Name	**Mrs. KHUSI GANGWAR**	Collected On	
Sex/Age	Female 25 Yrs	Received On	
Ref. By	Dr. NITIN AGARWAL	Reported On	12/08/2023 11:17:40
Specimen		**Permanent ID**	

USG WHOLE ABDOMEN

Liver - is normal in size (10.3 cm). Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatis – normal

Gall bladder - Normal physiological distension. No calculus in lumen. Wall thickness is normal.

Common bile duct – Normal in caliber. No calculi seen within CBD.

Pancreas - is normal in thickness and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

Spleen - is normal in size (8 cm) and normal echotexture.

Both kidneys - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal. No calculi/hydroureteronephrosis seen.

Urinary bladder - No calculus is seen in the lumen. Wall is smooth and regular.

Uterus - is anteverted and normal in size(6.5 x 3.6 x 2.2 cm)and shape. Myometrium appears to be normal. No definite evidence of myoma is seen. Central endometrium echo complex is normal.

B/L ovary/ adnexa – normal in size.

No definite evidence of fluid is seen in pouch of Douglas.
Visualized bowel loops appear normal.

IMPRESSION:

∞ **NO SIGNIFICANT ABNORMALITY DETECTED.**

ADV – PLEASE CORRELATE CLINICALLY.

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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.	: 25	DATE	: 12/08/2023
NAME	: Mrs. KHUSHI GANGWAR	AGE	: 25 Yrs.
REFERRED BY	: Dr.Nitin Aganwal (D M)	SEX	: FEMALE
SAMPLE	: BLOOD		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearence	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	1-2	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	192	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	105	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	21	mg/dL.	15 - 40
LDL CHOLESTEROL	122	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.92	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.49	mg/dl	0-3

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.
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.

BLOOD SUGAR P.P.	120	mg/dl	80-160

URINE EXAMINATION

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	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	32	IU/L	0-40
SGPT	24	IU/L	0-40
SERUM ALK.PHOSPHATASE	86	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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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN	5.4		

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 SUGAR F.	89	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	25	U/L	11-50
BLOOD UREA NITROGEN	18	mg/dL.	5 - 25
SERUM CREATININE	0.8	mg/dL.	0.5-1.4
URIC ACID	6.4	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

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

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	**11.8**	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	40	%	20-45
Eosinophils	00	%	01-08
TOTAL R.B.C. COUNT	4.15	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	38.9	%	35-54
M C V	89.2	fL	76-96
M C H	31.2	pg	27.00-32.00
M C H C	31.5	g/dl	30.50-34.50
PLATELET COUNT	**1.40**	lacs/mm3	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00- 20
BLOOD GROUP			
Blood Group	B		
Rh	POSITIVE		

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--{End of Report}--

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

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IMPRESSION: - NORMAL X-RAY CHEST

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IMPRESSION:

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

NAME	Mrs. KHUSHI	**AGE/SEX**	24 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	**DATE**	11/08/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

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)	2.4	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	2.9	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

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= 0.6m/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.