



Sangeeta Singh

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Formerly at :
Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi



APPLE
CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC

12/11/22

S. M. H. K. T.
L. M. H. K. T.

D. M. H. K. T.
S. H. K. T.

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M. H. K. T. G. M. H. K. T.
S. H. K. T.

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. : 22
NAME : **Mrs. SANGEETA SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **12/11/2022**
AGE : 24 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	10.6	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	9,000	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	63	%	40-75
Lymphocytes	35	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	3.31	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	31.1	%	35-54
M C V	94.0	fL	76-96
M C H	32.0	pg	27.00-32.00
M C H C	34.1	g/dl	30.50-34.50
PLATELET COUNT	1.56	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	14	mm/1st hr.	0 - 20
BIOCHEMISTRY			
Gamma Glutamyl Transferase (GGT)	24	U/L	11-50

HAEMATOLOGY

Report is not valid for medicolegal purpose

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GLYCOSYLATED HAEMOGLOBIN	5.2		

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	31	mg/dL.	10-40
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* Low serum urea is usually associated with status of overhydration severe hepatic failure.

* A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairment of renal function. In chronic renal failure, urea correlates better with the symptoms of uremia than does serum creatinine.

* Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.

BLOOD SUGAR F.	81	mg/dl	60-100
SERUM CREATININE	1.0	mg/dL.	0.5-1.4

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URIC ACID	5.5	mg/dl	0-6

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	138	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.0	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	8.6	mg/dl	8.5 - 10.5

LIVER PROFILE

SERUM BILIRUBIN			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.2	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	29	IU/L	0-40
SGPT	18	IU/L	0-40
SERUM ALK.PHOSPHATASE	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.

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LIPID PROFILE			
SERUM CHOLESTEROL	142	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	110	mg/dl.	30 - 160
HDL CHOLESTEROL	51	mg/dL.	30-70
VLDL CHOLESTEROL	22	mg/dL.	15 - 40
LDL CHOLESTEROL	69	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	2.78	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.35	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.

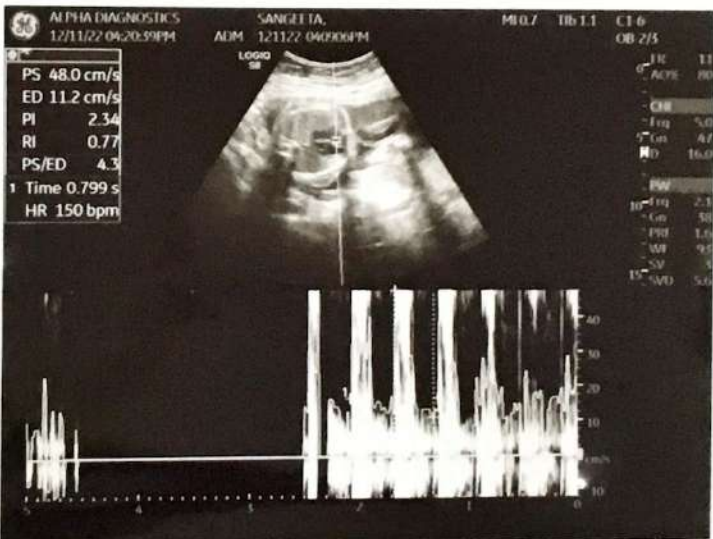
HAEMATOLOGY

BLOOD GROUP

Blood Group : A
Rh : POSITIVE

URINE EXAMINATION

Report is not valid for medicolegal purpose





Patient ID 102216268
Name Mrs. SANGEETA SINGH
Sex/Age Female 24 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 12/11/2022 14:12:28
Reported On 12/11/2022 16:28:36

USG FETAL WELL BEING

A single live foetus is seen in **Breech** presentation at the time of study.
Cardiac activity is well visualized. Heart rate- 150 **beats/min**
Amniotic fluid is adequate.
Placenta is **fundo posterior**. No retroplacental clot seen.
Foetal movements are normal.
Cervical length is ... 3.7 cms.
No loop of cord seen around neck.

FOETAL PARAMETERS:

BPD-	6.19cm	25weeks	1day
HC-	22.85cm	24weeks	6days
FL -	4.62cm	25weeks	2days
AC -	19.81cm	24weeks	3days

GA- 25 WEEKS 0 DAY (+/-) 1 WEEKS 5 DAYS.
EFBW- 743.22GMS +/- 111.48GMS.

EDD (by USG) - 25/02/2023.

IMPRESSION:

- SINGLE LIVE FOETUS OF 25 WEEKS 0 DAY +/- 1 WEEKS 5 DAYS IN BREECH PRESENTATION AT THE TIME OF STUDY.

I, Dr. KAMAL NAYAN GANGEY declare that while conducting Ultrasonography scanning on Mrs. SANGEETA SINGH, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

*** End of Report ***



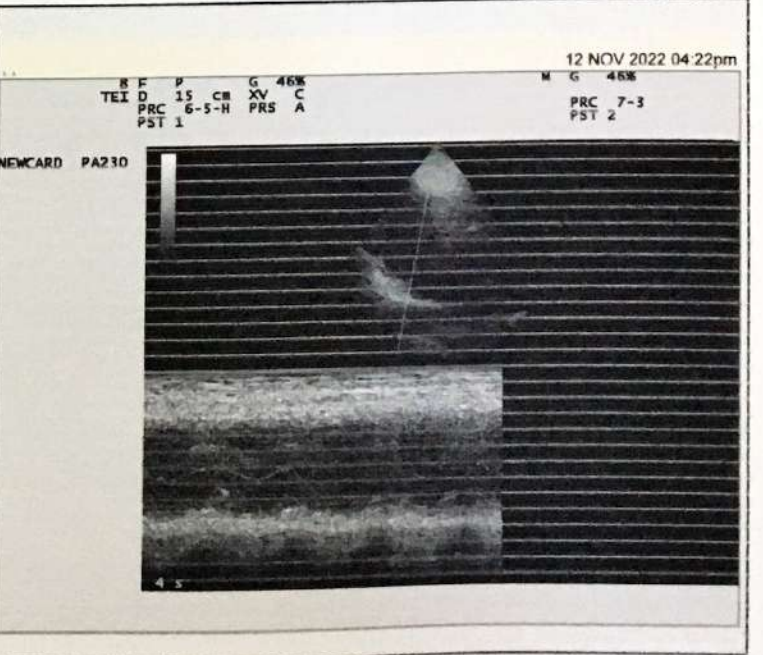
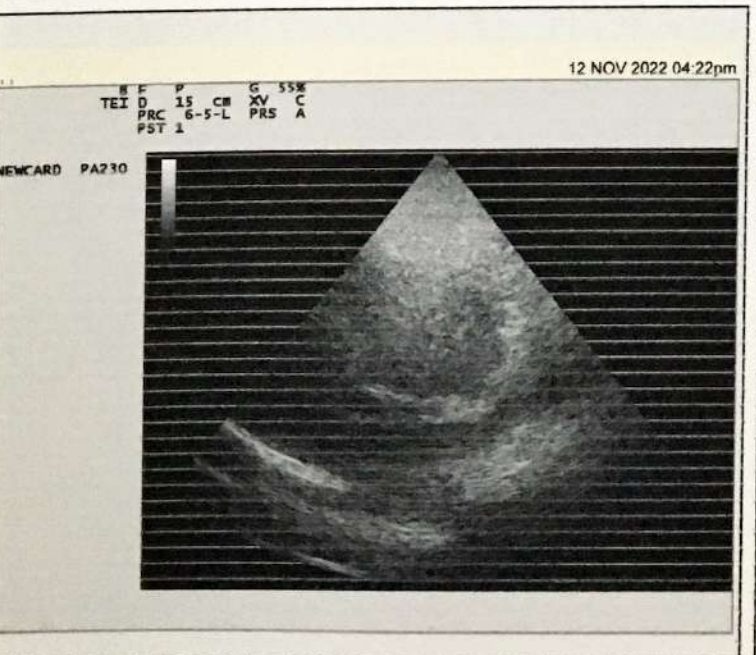
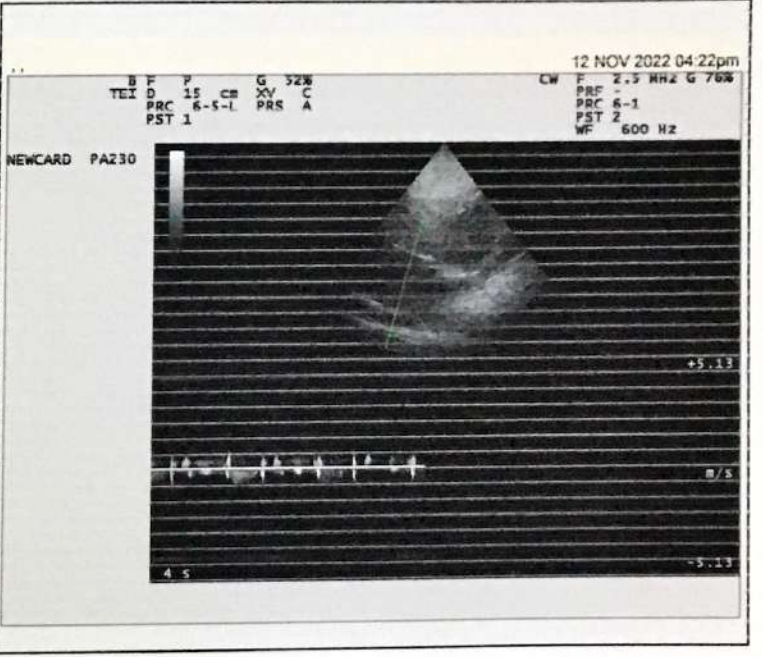
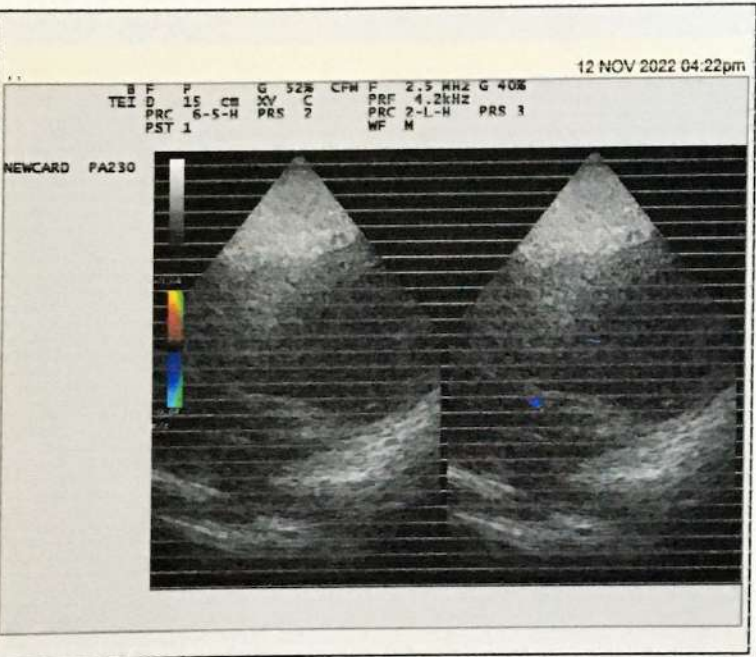
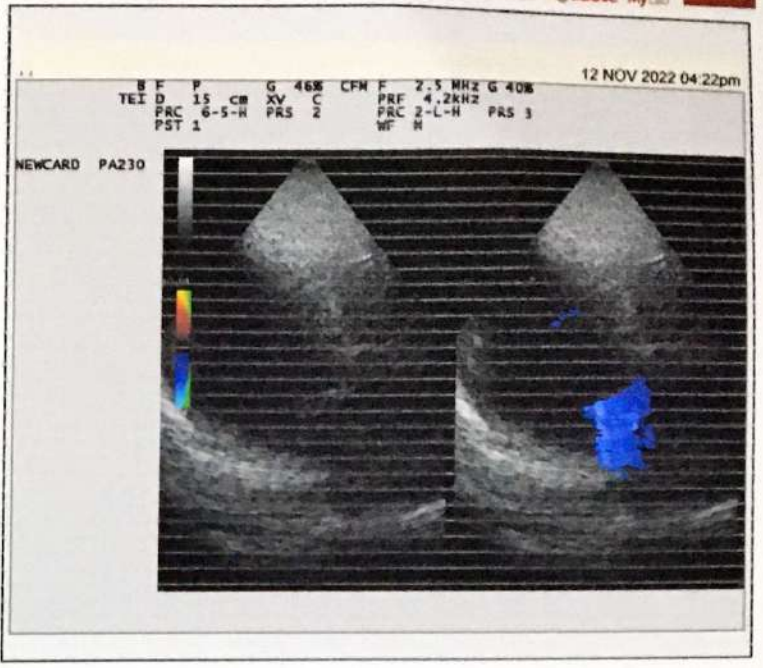
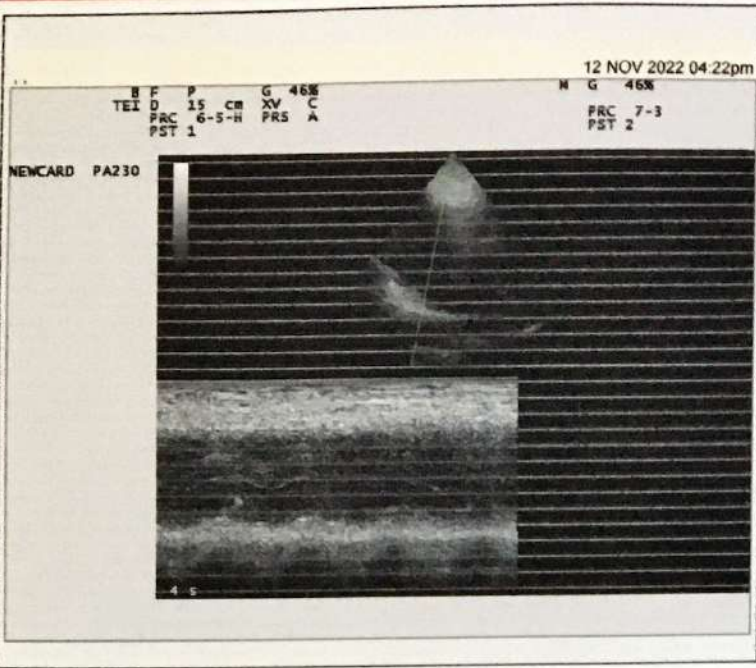
DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1



APPLE CARDIAC CARE, BAREILLY

esaote MyLab



NAME	Mrs. SANGEETA SINGH	AGE/SEX	24 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	12/11/2022

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)	2.5 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	2.2 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



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= 0.6 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

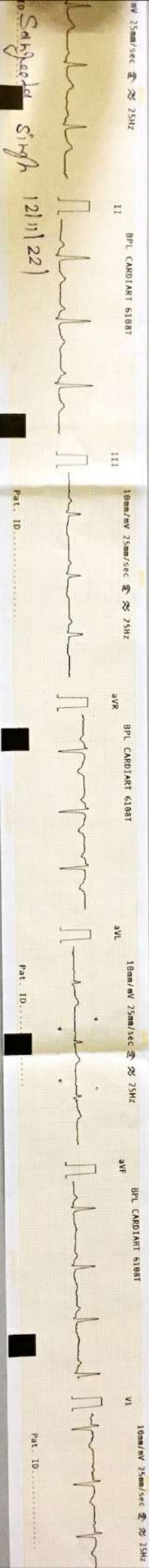
FINAL IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN

LE

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.



AVF

BPL CARDIART 6188T



V1

10mm/mV 25mm/sec 25Hz

Pat. ID.....

V2

BPL CARDIART 6188T



V3

10mm/mV 25mm/sec 25Hz

Pat. ID.....

V4

BPL CARDIART 6188T



V5

10mm/mV 25mm/sec 25Hz

Pat. ID.....

V6

BPL CARDIART 6188T

