

**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. : 03  
NAME : **Mrs. MANJU LATA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **27/07/2024**  
AGE : 36 Yrs.  
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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**HAEMATOLOGY**

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	<b>11.1</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	8,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	36	%	20-45
Eosinophils	04	%	01-08
TOTAL R.B.C. COUNT	4.15	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.7	%	35-54
M.C.V.	88.4	fL	76-96
M.C.H.	<b>26.7</b>	pg	27.00-32.00
M.C.H.C	<b>30.2</b>	g/dl	30.50-34.50
PLATELET COUNT	1.72	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in Sec.hour	18	mm	00 - 20

**BLOOD GROUP**

Blood Group : O  
Rh : POSITIVE

**BIOCHEMISTRY**

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	189	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	241	mg/dl.	30 - 160
HDL CHOLESTEROL	47	mg/dL.	30-70
VLDL CHOLESTEROL	48.2	mg/dL.	15 - 40
LDL CHOLESTEROL	93.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.02	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.00	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 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.

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.2	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	6.9	Gm/dL	6.4 - 8.3
Albumin	3.8	Gm/dL	3.5 - 5.5
Globulin	3.1	Gm/dL	2.3 - 3.5
A : G Ratio	1.23		0.0-2.0
SGOT	75	IU/L	0-40
SGPT	55	IU/L	0-40
SERUM ALK.PHOSPHATASE	110	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.

SERUM CREATININE	0.6	mg/dL.	0.5-1.4
BLOOD UREA NITROGEN	15	mg/dL.	5 - 25



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URIC ACID	6.7	mg/dl	3.0-6.0

**CLINICAL SIGNIFICANCE:**

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.  
 Gamma Glutamyl Transferase (GGT) 18 U/L 11-50

**HAEMATOLOGY**

GLYCOSYLATED HAEMOGLOBIN(HBA1C) 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.

**URINE EXAMINATION**



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<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	5.0		
<b>TRANSPARENCY</b>			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	3.5	/H.P.F.	
Epithelial Cells	2-3	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
<b>DEPOSITS</b>			
Bacteria	NIL		
Other	NIL		
<b>BIOCHEMISTRY</b>			
SUGAR	Nil		
Albumin	Nil		
Phosphorus	Nil		
Urea Nitrogen	Nil		
Creatinine	Nil		
Calcium	Nil		
Phosphorus	Nil		
Urea Nitrogen	Nil		
Creatinine	Nil		

Cardiac Care  
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**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR RANDOM	93	mg/dl	60-160

--{End of Report}--

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





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# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**

MBBS (KGMCI), 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, 9897157683

27-07-2024

MRS. MANJU LATA 36/F  
DR. NITIN AGARWAL, DM

## EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is enlarged 18.2 cm in size and outline. It shows uniform fatty changes. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The Gall Bladder is not visualized (post cholecystectomy), CBD is clear. No obvious calculus is seen. No collection is seen in GB fossa

The Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is mildly enlarged 116 mm in size.

Right Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

Left Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

No ascitis or pleural effusion. No retroperitoneal adenopathy.

The Urinary Bladder is partially filled.

The Uterus is anteverted and normal in size. The myometrial and endometrial echoes are normal. The endometrial thickness measures 7 mm.

Bilateral ovaries are normal in size. Multiple small 4-5 mm follicles are seen both sides arranged peripherally. Stroma is thickened

RTO—39 x 25 mm

LTO—33 x 21 mm

IMPRESSION:- ENLARGED FATTY LIVER (GRADE 2 ).

POST CHOLECYSTECTOMY STATUS, CBD CLEAR

MILD SPLENOMEGALY

B/L POLYCYSTIC OVARIES

ADV---LH/FSH

DR. LOKESH GOYAL  
MD  
RADIOLOGIST

Every imaging has its limitations. This is a professional opinion, not a final diagnosis. For further confirmation of diagnosis, clinical-pathological correlation & relevant next line investigation (TVS for gynecological disorders) (endoscopy / CT scan for bowel pathologies) are required. In case of clinical discrepancy with the report or confusion, reexamination / reevaluation are suggested. Esp. for the surgical cases 2<sup>nd</sup> opinion is must. Your positive as well as negative feedbacks are most welcome for better results

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डिजिटल एआर-ए, गल्बी रजाईस  
श्री. टी. रवेन शशिषा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL PURPOSE





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MANJU LATA 36/F  
DR. NITIN AGARWAL, DM

27-07-2024

## 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

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सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL PURPOSE

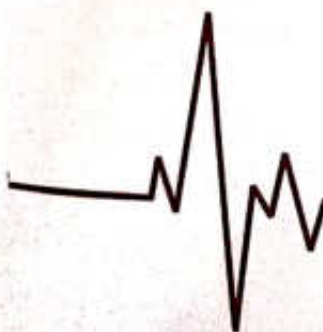


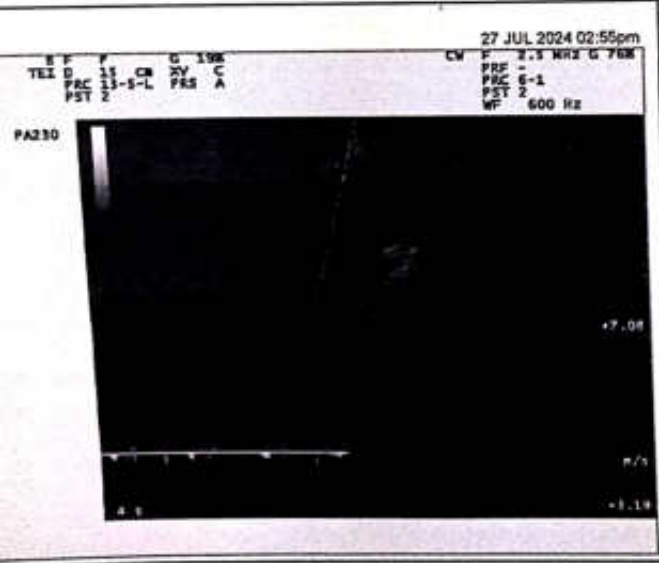
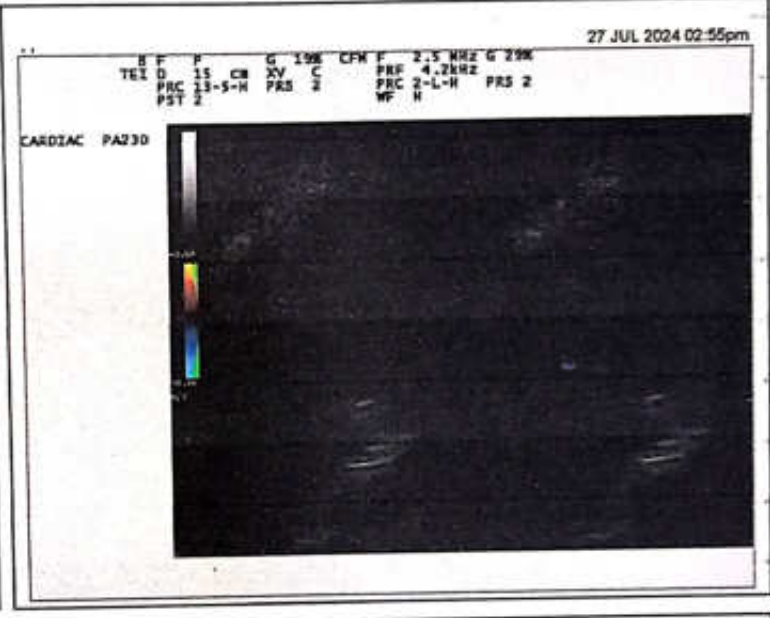
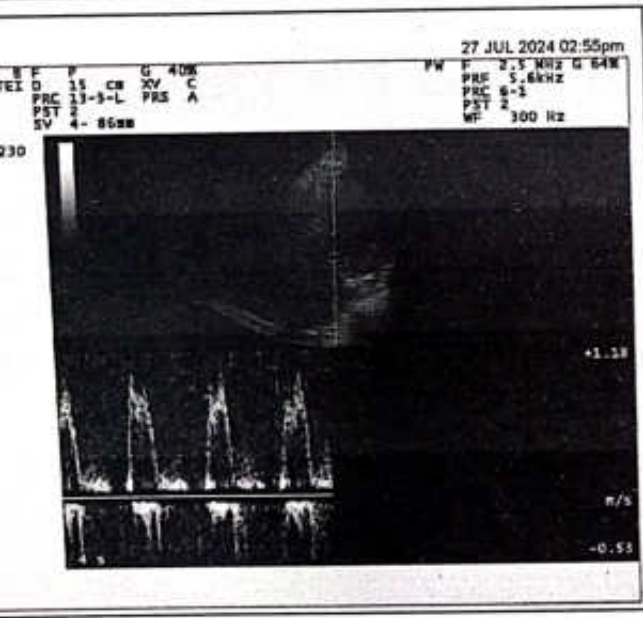
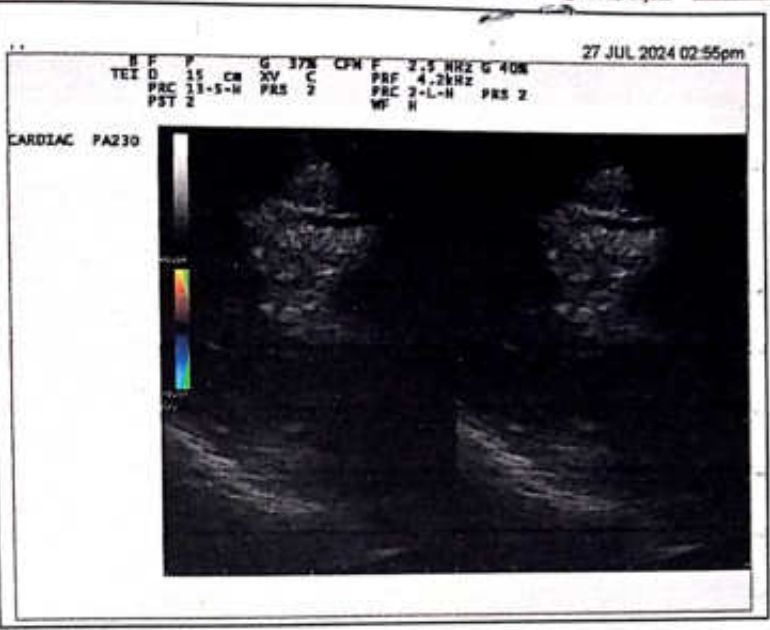
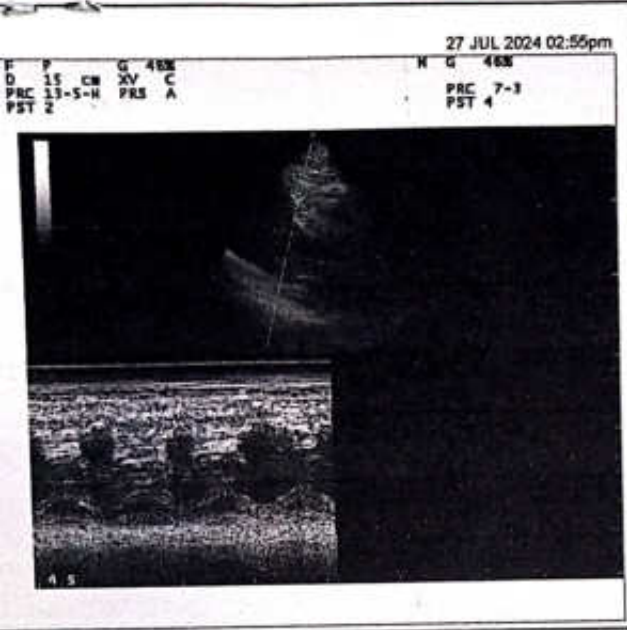
<b>NAME</b>	Mrs. MANJULATA	<b>AGE/SEX</b>	36 Y/F
<b>Ref. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	27/07/2024

**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)
<b><u>LV FUNCTION</u></b>		
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

*mrcs*

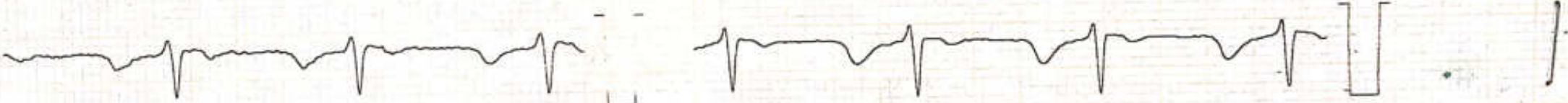
DR. NITIN AGARWAL  
DM (Cardiology)  
Consultant Cardiologist

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.

CARDIART

CARDIART

Pat. ID. [redacted]  
Mangyu. Lada (36/F)  
27/07/2014

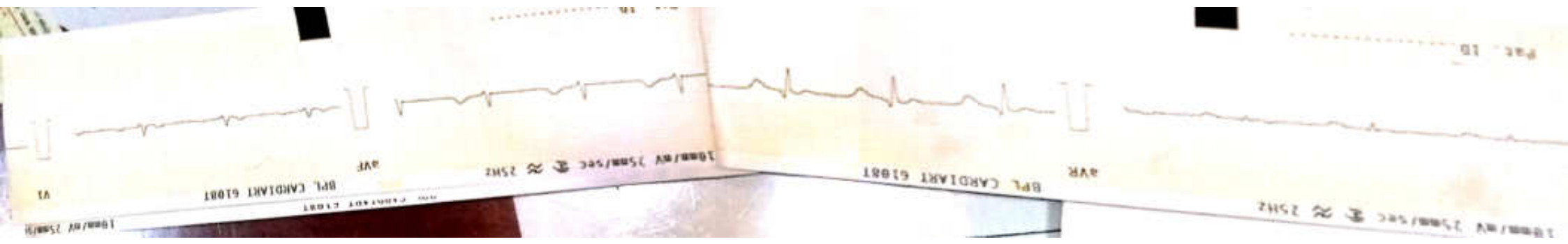


I

II

10mm/mv 25mm/sec  $\approx$  25HZ

BPL CARDIART 6108T



0mm/mV 25mm/sec



25HZ

BPL

BPL CARDIART 6108T

25mm/sec

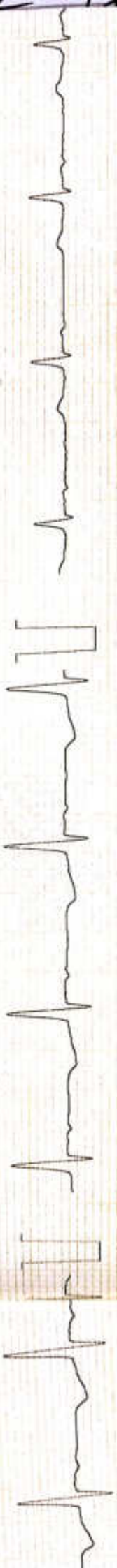


25HZ

V2

V3

pat. ID...



5mm/sec 25Hz

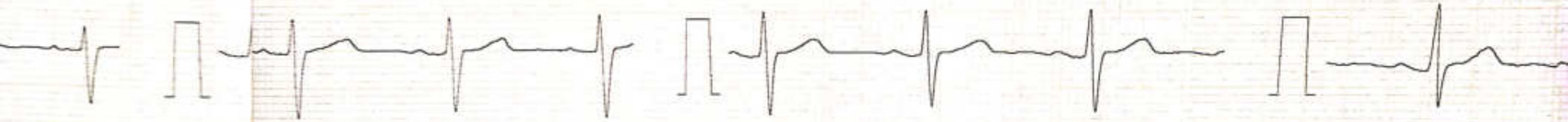
BPL CARDIART 6108T

10mm/mV 25mm/s

V3

V4

V5



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