



Patient ID 102314446
Name Mr. SACHIN SHARMA
Sex/Age Male 34 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 24/02/2024 10:58:19
Collected On
Received On
Reported On 24/02/2024 11:22:11

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.

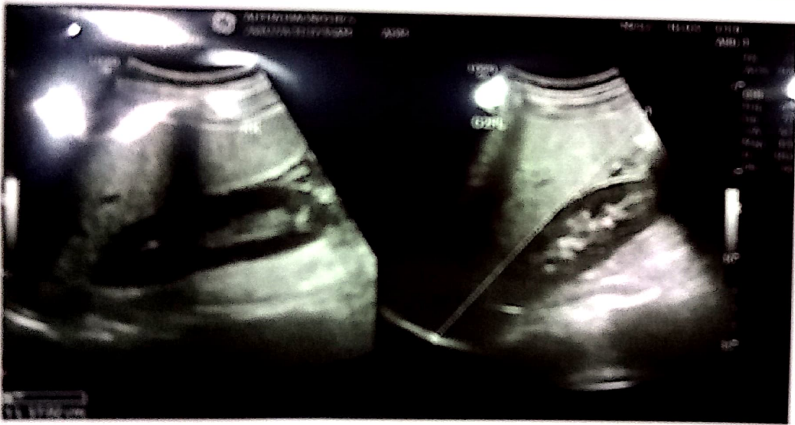
*** End of Report ***



DR FARHAT H ANSARI

- CT Scan (96 Slice)
- 2D Echo
- Serology
- Histopathology
- Semen Wash For IUI
- 4D Ultrasound
- Spirometry
- Biochemistry
- Microbiology
- Complete Hematology
- Color Doppler
- Digital X-Ray
- Cytology
- Video Bronchoscopy
- PCR For Covid-19 (Truenat)







Patient ID 102314445
Name Mr. SACHIN SHARMA
Sex/Age Male 34 Yrs
Ref. By Dr. NITIN AGARWAL
Specimen



Reg. Date 24/02/2024 10:56:31
Collected On
Received On
Reported On 24/02/2024 11:30:46

USG WHOLE ABDOMEN

Liver is enlarged in size (170mm)..... Hepatomegaly with Grade II fatty changes of liver. Margins are regular. Parenchyma shows normal and uniform echogenicity. There is no intrahepatic biliary dilatation. Portal and hepatic venous channels are within normal limits. No focal lesion seen.

Gall bladder is normal in position, shape and size. Walls are normal in thickness & regular. Lumen is echofree. CBD is not dilated. No peri-cholecystic collection.

Pancreas is normal in size. Margins are regular. Parenchyma shows normal echotexture. Pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

Spleen is normal in position and size (91mm). Margins are regular with uniform parenchymal echogenicity.

Kidneys : Both kidneys are normal in position and size. Margins are regular. Parenchymal thickness is adequate with normal cortical echogenicities. No evidence of backpressure changes seen in the pelvicalyceal system. Both ureters are not dilated.

No significant abdominal lymphadenopathy seen.

Urinary bladder is normal in position and shape. Walls are regular. Perivesical fat planes are intact.

Prostate is normal in size. Capsule is intact. Peri-prostatic planes are maintained. Seminal vesicles are normally visualized.

No free fluid in peritoneal cavity.

was filled bowel loops -

IMPRESSION

❖ **Hepatomegaly with Grade II fatty changes of liver.**

Adv: Clinical correlation and further evaluation.

*** End of Report ***



Farhat

DR FARHAT H ANSARI
CONSULTANT RADIOLOGIST
MD - RADIODIAGNOSIS, JNMCH, AMU



A Venture of Apple Cardiac Care

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



Reg.NO. : 51
NAME : **Mr. SACHIN SHARMA**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **24/02/2024**
AGE : 36 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	15.4	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	7,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	25	%	20-45
Eosinophils	03	%	01-08
Monocytes	02	%	01-06
TOTAL R.B.C. COUNT	4.21	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	43.6	%	35-54
M C V	88.6	fL	76-96
M C H	31.6	pg	27.00-32.00
M C H C	31.6	g/dl	30.50-34.50
PLATELET COUNT	1.69	lacs/mm ³	1.50 - 4.50
BLOOD GROUP			
Blood Group	O		
Rh	POSITIVE		
E.S.R (WINTROBE METHOD)			
-in First hour	11	mm	00 - 15

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.8		

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.	87	mg/dl	60-100
BLOOD UREA NITROGEN	20	mg/dL.	5 - 25
URIC ACID	7.0	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

SERUM CREATININE	0.9	mg/dL.	0.5-1.4
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LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.6	Gm/dL	6.4 - 8.3
Albumin	4.4	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.38		0.0-2.0
SGOT	71	IU/L	0-40
SGPT	108	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.

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	343	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	403	mg/dl.	30 - 160
HDL CHOLESTEROL	43	mg/dL.	30-70
VLDL CHOLESTEROL	80.6	mg/dL.	15 - 40
LDL CHOLESTEROL	219.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	7.98	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	5.10	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.

Gamma Glutamyl Transferase (GGT)	21	U/L	7-32
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URINE EXAMINATION

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		
Sediments	Nil		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	2-3	/H.P.F.	
Crystals	NIL		
Casts	Nil		NIL
DEPOSITS	Nil	/H.P.F.	
Bacteria	NIL		
Other	NIL		

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SAMPLE : BLOOD

DATE : **24/02/2024**
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	136	mg/dl	80-160

--{End of Report}--

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

Report is not valid for medicolegal purpose





NAME	Mr. SACHIN SHARMA	AGE/SEX	36 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	24/02/2024

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)	2.6 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	3.0 cm	(1.9 –4.0 cm)
<u>LV FUNCTION</u>		
EF	60 %	(54 –76 %)
FS	30 %	(25 –44 %)

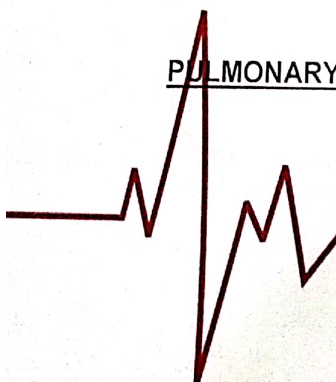
LEFT VENTRICLE : No regional wall motion abnormality
 No concentric left Ventricle Hypertrophy

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



FACILITIES : ECG | COLOUR DOPPLER | ECHO CARDIOGRAPHY
 TMT | HOLTER MONITORING | PATHOLOGY



ON DOPPLER INTERROGATION THERE WAS :

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

MITRAL FLOW E= 0.6 m/sec

A= 0.8 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
- GRADE I LV DIASTOLIC DYSFUNCTION
- 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.

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



**APPLE
CARDIAC CARE**

DR. NITIN AGARWAL'S HEART CLINIC

Dyslipidemia

SACHIN SHARMA

24/2/24
130/80
112/70
50

T. Camellat 400 mg
T. Rosuvastatin 10 mg
hni 1000 60 4-8
150000

LOL = 219
FG = 403

h
msi

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