

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. : 1
NAME : **Mr. ANOOP KUMAR**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **29/03/2024**
AGE : 37 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.0	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,200	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	37	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.33	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	41.2	%	35-54
M C V	79.3	fL	76-96
M C H	28.3	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.80	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	11	mm	00 - 15
BLOOD GROUP			
Blood Group	A		
Rh	POSITIVE		
BIOCHEMISTRY			
BLOOD SUGAR F.	94	mg/dl	60-100



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LIPID PROFILE			
SERUM CHOLESTEROL	224	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	182	mg/dl.	30 - 160
HDL CHOLESTEROL	47	mg/dL.	30-70
VLDL CHOLESTEROL	36.4	mg/dL.	15 - 40
LDL CHOLESTEROL	140.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.77	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.99	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
LIVER PROFILE			
SERUM BILIRUBIN	1.0	mg/dL	0.3-1.2
TOTAL	0.6	mg/dL	0.2-0.6
DIRECT	0.4	mg/dL	0.1-0.4
INDIRECT			
SERUM PROTEINS	7.6	Gm/dL	6.4 - 8.3
Total Proteins	4.2	Gm/dL	3.5 - 5.5
Albumin	3.4	Gm/dL	2.3 - 3.5
Globulin	1.24		0.0-2.0
A : G Ratio	22	IU/L	0-40
SGOT	17	IU/L	0-40
SGPT	89	IU/L	00-115
SERUM ALK.PHOSPHATASE			

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants, 0 to 1 day: <8 mg/dL

Premature infants, 3 to 5 days: <16 mg/dL

Neonates, 1 to 2 days: 3.4-11.5 mg/dL

Premature infants, 1 to 2 days: <12 mg/dL Adults: 0.3-1 mg/dL.

Neonates, 0 to 1 day: 1.4-8.7 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.

BLOOD UREA NITROGEN	17	mg/dL.	5 - 25
URIC ACID	7.1	mg/dl	3.5-8.0

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
SERUM CREATININE	0.9	mg/dL.	0.5-1.4

HAEMATOLOGY

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.

HORMONE



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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
Triiodothyronine (T3)	0.85	ng/ml	0.60-1.81
Thyroxine (T4)	6.23	ug/dl	5.01-12.45
THYROID STIMULATING HORMONE [TSH.]	2.22	uIU/mL	0.35-5.50

NORMAL RANGE:

Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 uIU/mL.
 Normal newborn infants (TSH measured 4 days after birth): Between 1.3 to 16 uIU/mL.
 Babies (1-11 months): 0.9 to 7.7 uIU/mL.
 Kids (1 year till the onset of puberty): 0.6 to 5.5 uIU/mL.
 ADULT : 0.21-4.2uIU/mL.

TSH(Thyroid stimulating hormone:Thyrotropin) is a hormone secreted by the anterior pituitary. It is a recommended initial test for the screening and diagnosis of hyperthyroidism and hypothyroidism. It is especially useful in early or subclinical hypothyroidism before the patient develops clinical findings, goiter, or abnormalities of other thyroid tests.

Thyroxine,(Total T4 Assay) Is a hormone secreted by the thyroid gland which is predominantly bound to carrier proteins,(99%). It is used in the diagnosis of hyperthyroidism when it is increased. It is found decreased in hypothyroidism and hypoproteinemia. Its values are not affected by nonthyroidal iodine.

Triiodothyronine(Total T3 Assay) Is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3. As T3 is physiologically more active it plays an important part in maintaining euthyroidism. It is used in T3 thyrotoxicosis, monitoring the course of hyperthyroidism.

Method : Chemiluminescence Immuno Assays.

URINE EXAMINATION

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

Apple Cardiac Care
Stadium Road,
Gurgaon,
Haryana 122 (U.P.) India
Ph: 01277, 09450805448



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NO. 103
NAME: **Mr. ANOOP KUMAR**
REFERRED BY: (Dr. Nitin Agarwal (D.M.))
SAMPLE: (BLOOD)

DATE : 29/03/2024
AGE : 37 Yrs.
SEX : MALE

TEST NAME

RESULTS

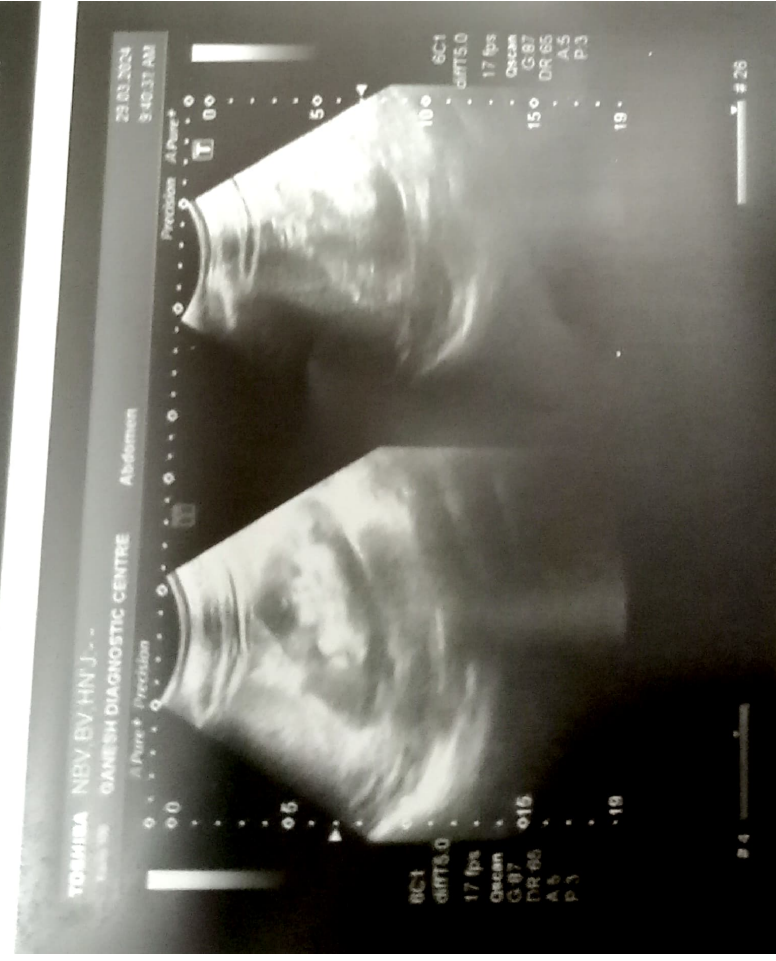
UNITS

BIOLOGICAL REF. RANGE

--{End of Report}--

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





EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is normal in size and outline. It shows uniform echopattern. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The Gall Bladder is normal in size, with no evidence of calculi. Walls are thin. The CBD appears normal.

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

Spleen is normal in size and echogenicity. There is no evidence of collaterals.

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. **Small 2 mm concretion is seen at mid pole. No hydronephrosis 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. Walls are thin & smooth.

The Prostate is normal in size and volume. Homogenous parenchyma. Median lobe is not projecting. The Seminal Vesicles are normally visualized.

Bowel loops are non- dilated; gas filled & show normal peristaltic activity.

IMPRESSION:- LEFT SIDED SMALL RENAL CONCRETION AT MID POLE

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 2nd opinion is must. Your positive as well as negative feedbacks are most welcome for better results

Counter sign-----

डिजिटल एक्स-रे, मल्टी स्लाइस
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE



॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

DR. LOKESH GOYAL

MBBS (KGMC), 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, 6395228718

MR. ANOOP KUMAR AGARWAL 37/M
DR. NITIN AGARWAL, DM

29-03-2024

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
RADIODIAGNOSIS

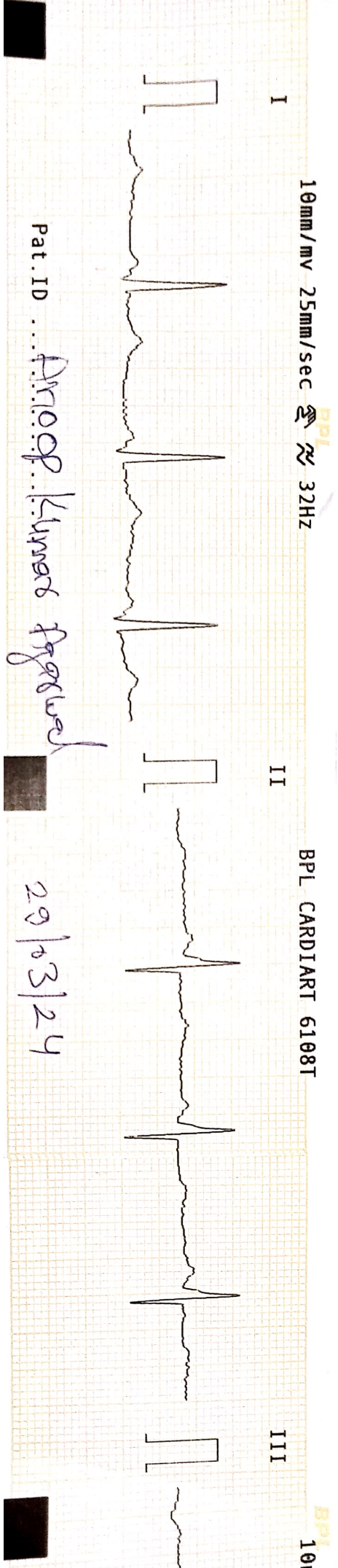
मिनिमल एकरा-रे, मल्टी रलाईस
पी. टी. रकल सुविधा उपलब्ध है।



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Scanned with OKEN Scanner



5mm/sec 32Hz

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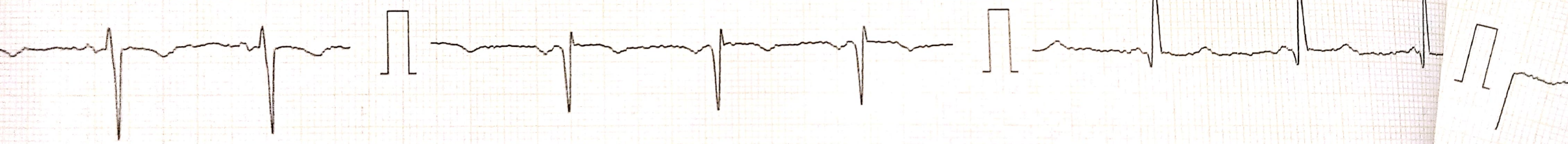
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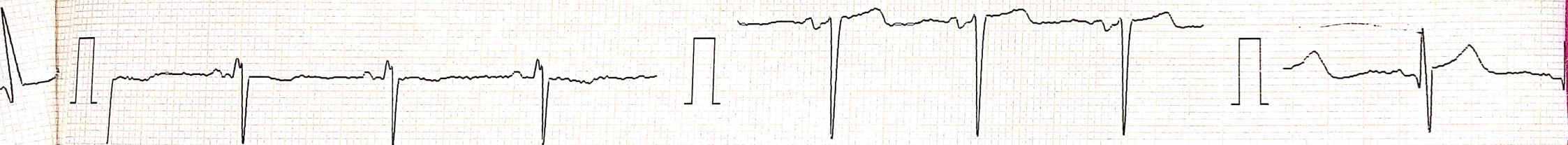
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BPL CARDIART 6108T

aVF

V1

V2



Pat. ID

CARDIART

