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# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**

MBBS (K GMC), 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

AAKARTI AGARWAL 32/F  
DR. NITIN AGARWAL, DM

29-03-2024

**EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN FEMALE**

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. 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 normal in size and outline. Walls are thin & smooth. There is no evidence of any obvious intraluminal or perivesical pathology.

The Uterus is anteverted and normal in size. The myometrial and endometrial echoes are normal.

B/L adenexa are clear. No adnexal mass or cyst seen.

**IMPRESSION:- NO SIGNIFICANT ABNORMALITY DETECTED**

**ADV—clinical correlation for bowel disorder**

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

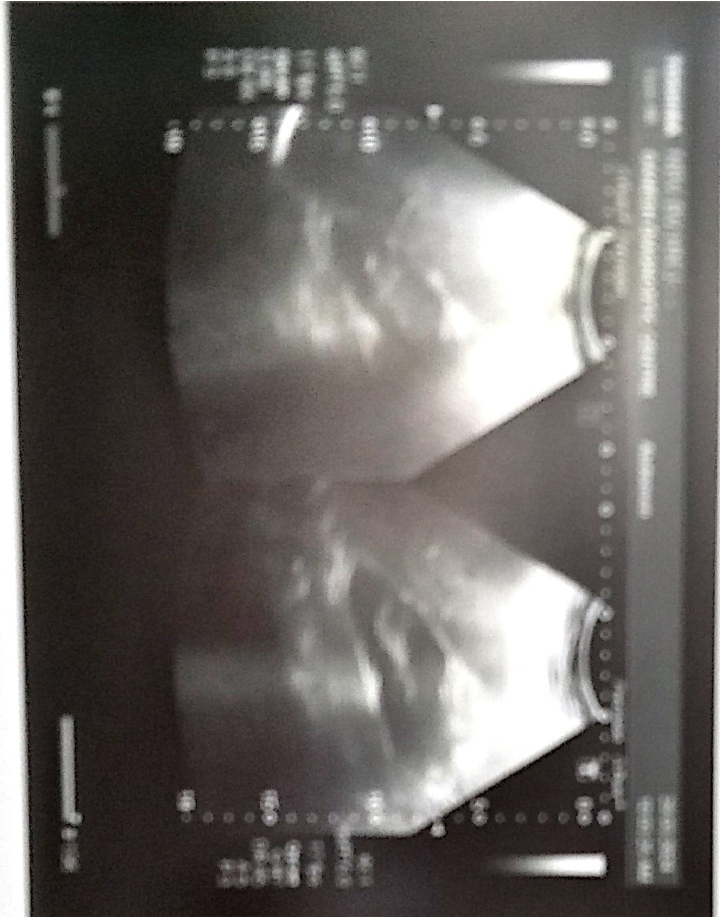
डिजिटल एक्स-रे, मल्टी स्लाइस  
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL PURPOSE



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## 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

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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. : 2  
NAME : Mrs. AAKRATI AGARWAL  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 29/03/2024  
AGE : 32 Yrs.  
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	<b>HORMONE</b>		
Triiodothyronine (T3)	0.78	ng/ml	0.60-1.81
Thyroxine (T4)	6.89	ug/dl	5.01-12.45
THYROID STIMULATING HORMONE [TSH.]	1.267	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 nonthyoidal 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 it plays an important part in maintaing euthyroidism.It is used in T3 thyrotoxicosis ,monitoring the course of hyperthyroidism.

Method : Chemiluminescence Immuno Assays.

--{End of Report}--

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

Lab. Timings : 9.00 a.m. to 8.00 p.m. Sunday : 10.00 a.m. to 2.00 p.m.  
Home Sample Collection Facility Available



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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	<b>211</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	120	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	24	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>138</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	<b>4.31</b>	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.82	mg/dl	0-3

### INTERPRETATION

TRIGLYCERIDE level  $> 250$ mg 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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DATE : **29/03/2024**  
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SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	0.7	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.0	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.41		0.0-2.0
SGOT	15	IU/L	0-40
SGPT	19	IU/L	0-40
SERUM ALK.PHOSPHATASE	76	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.

BLOOD UREA NITROGEN	14	mg/dL.	5 - 25
URIC ACID	5.9	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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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
SERUM CREATININE	0.8	mg/dL.	0.5-1.4

### HAEMATOTOLOGY

GLYCOSYLATED HAEMOGLOBIN(HBA1C) 5.7

#### 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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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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**URINE EXAMINATION REPORT**

**PHYSICAL EXAMINATION**

pH	6.0		
TRANSPARENCY			
Volume	20.	ml	
Colour	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	2-3	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NL		



# APPLE CARDIAC CARE

## EKTA NAGER STADIUM ROAD BAREILLY

4716 / Mrs. AAKRATI AGARWAL / 32 Yrs / F / 160 Cms / 92 Kg Date: 29-Mar-2024 Refd By: NITIN AGARWAL (DM) Examined By: DR. NITIN AGARWAL

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	124	66%	120/70	148	00	
Standing	00:21	0:18	00.0	00.0	01.0	119	63%	120/70	142	00	
HV	00:47	0:26	00.0	00.0	01.0	120	64%	120/70	144	00	
ExStart	01:15	0:28	00.0	00.0	01.0	127	68%	120/70	152	00	
BRUCE Stage 1	04:15	3:00	01.7	10.0	04.7	186	99%	125/75	232	00	
PeakEX	06:15	2:00	02.5	12.0	06.3	200	106%	130/80	260	00	
Recovery	06:45	0:30	00.0	00.0	01.7	188	100%	130/80	244	00	
Recovery	07:15	1:00	00.0	00.0	01.0	155	82%	130/80	201	00	
Recovery	08:15	2:00	00.0	00.0	01.0	144	77%	125/75	180	00	
Recovery	09:15	3:00	00.0	00.0	01.0	118	63%	120/70	141	00	
Recovery	09:50	3:36	00.0	00.0	01.0	141	75%	120/70	169	00	

### FINDINGS :

TCNT - Negative for Ischaemia

Exercise Time : 05:00  
 Max HR Attained : 200 bpm 106% of Target 188  
 Max BP Attained : 130/80  
 Max WorkLoad Attained : 6.3 Fair response to induced stress

Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Ac

### REPORT This is Sample Report 3

Heart Rate 119.0 bpm  
 Systolic BP 130.0 mmHg  
 Diastolic BP 80.0 mmHg  
 Maximum Depression 0.2  
 Exercise Time 05:00 Mins.  
 Ectopic Beats 0.0  
 METS 6.3

Doctor : DR. NITIN AGARWAL (DM)