



**Patient ID** 102314448  
**Name** Mrs. RUCHI SHARMA  
**Sex/Age** Female 31 Yrs  
**Ref. By** Dr. NITIN AGARWAL  
**Specimen**



**Reg. Date** 24/02/2024 10:59:35  
**Collected On**  
**Received On**  
**Reported On** 24/02/2024 11:33:22

### 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 \*\*\*



*Farhat*

**DR FARHAT H ANSARI**

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





# ALPHA

DIAGNOSTICS

D/115, Gulmohar Park, Near Delapeer Talab,  
Rajendra Nagar, Bareilly (U.P.)  
+91-7642912345, 7642812345, 0581-4015223  
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alphadiagnostic07@gmail.com  
www.alphadiagnostic.in

Patient ID  
**102314447**

Name  
**Mrs. RUCHI SHARMA**

Sex/Age  
Female 31 Yrs

Ref. By  
Dr. NITIN AGARWAL

Specimen



Reg. Date 24/02/2024 10:58:52  
Collected On  
Received On  
Reported On 24/02/2024 12:06:31

### USG WHOLE ABDOMEN

**Liver** is normal in size (120mm). Margins are regular. Parenchyma shows normal and uniform echogenecity. 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 echogenecity or calcification is seen.

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

**Kidneys** : Both kidneys are normal in position and size. Margins are regular. Parenchymal thickness is adequate with normal cortical echogenecities. 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.

**Uterus**: Uterus is normal in size (65 x 34mm). Outline is regular. Myometrium is homogeneous. Endometrium is normal; measuring 3.4mm and regular. No endometrial fluid is seen.

**Adnexa**: Both ovaries are normal in size and echotexture. No obvious adnexal mass is seen.

No free fluid in peritoneal cavity.

### IMPRESSION:

- **No significant diagnostic abnormality detected.**

Adv: Clinical correlation and further evaluation.



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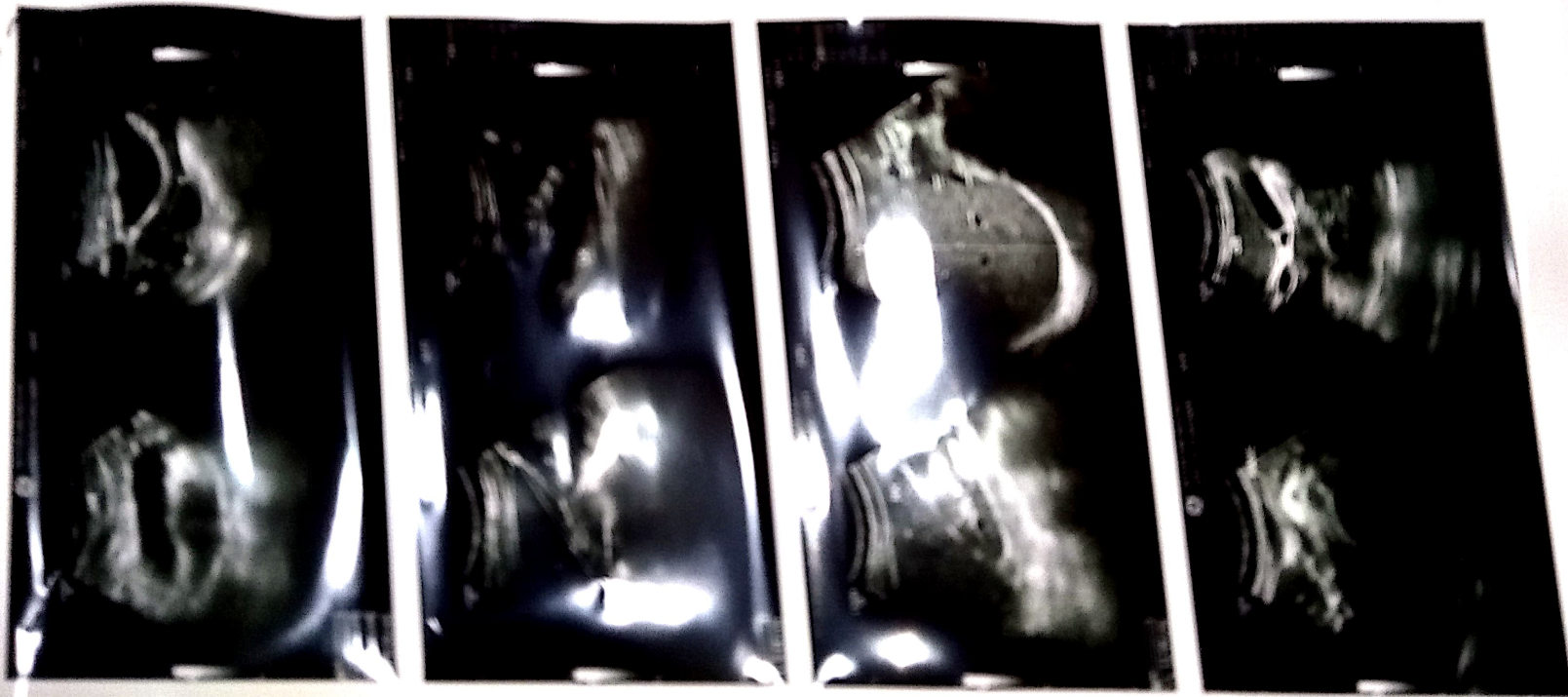
\*\*\* End of Report \*\*\*

**DR FARHAT H. ANSARI**

CONSULTANT RADIOLOGIST  
MD - RADIODIAGNOSIS, JNMCH, AMU

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





## 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. : 50  
NAME : **Mrs. RUCHI SHARMA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **24/02/2024**  
AGE : 31 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	<b>10.6</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,100	/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	3.5	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	35.1	%	35-54
M C V	<b>75.6</b>	fL	76-96
M C H	<b>26.9</b>	pg	27.00-32.00
M C H C	<b>30.1</b>	g/dl	30.50-34.50
PLATELET COUNT	1.75	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00- 20
<b>BLOOD GROUP</b>			
Blood Group	O		
Rh	POSITIVE		

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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.

**BIOCHEMISTRY**

BLOOD SUGAR F.	79	mg/dl	60-100
BLOOD UREA NITROGEN	18	mg/dL.	5 - 25
URIC ACID	5.6	mg/dl	3.0-6.0

**CLINICAL SIGNIFICANCE:**

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.  
 SERUM CREATININE 0.7 mg/dL. 0.5-1.4



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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
SERUM BILLIRUBIN			
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
<b>SERUM PROTEINS</b>			
Total Proteins	7.1	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.45		0.0-2.0
SGOT	22	IU/L	0-40
SGPT	15	IU/L	0-40
SERUM ALK.PHOSPHATASE	79	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>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	149	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	99	mg/dl.	30 - 160
HDL CHOLESTEROL	52	mg/dL.	30-70
VLDL CHOLESTEROL	19.8	mg/dL.	15 - 40
LDL CHOLESTEROL	77.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	2.87	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	1.48	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 indefining 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) 31 U/L 11-50

BLOOD SUGAR P.P. 134 mg/dl 80-160

#### **URINE EXAMINATION**



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**UNITS**      **BIOLOGICAL REF. RANGE**

**RESULTS**

**TEST NAME**  
**URINE EXAMINATION REPORT**  
**PHYSICAL EXAMINATION**

pH	6.0		
TRANSPARENCY		ml	
Volume	20		
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.016		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	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		



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**TEST NAME**

**RESULTS**

**UNITS**      **BIOLOGICAL REF. RANGE**

--{End of Report}--

*S. Agarwal*

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



<b>NAME</b>	Mrs. RUCHI SHARMA	<b>AGE/SEX</b>	31 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	24/02/2024

**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)	2.5 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	2.0 cm	( 2.2 –3.7 cm)
LA	2.9 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

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= 0.8 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**

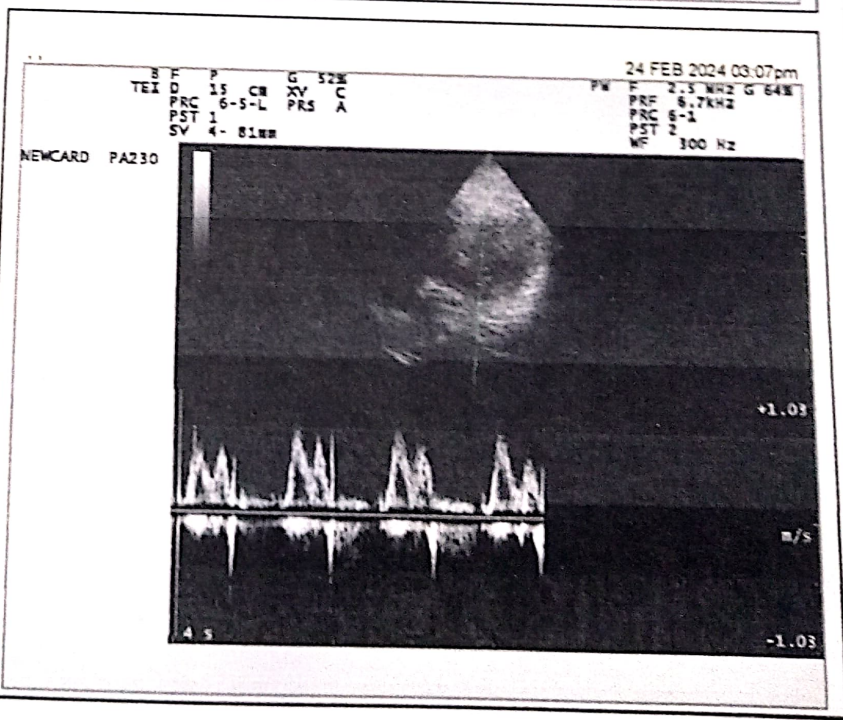
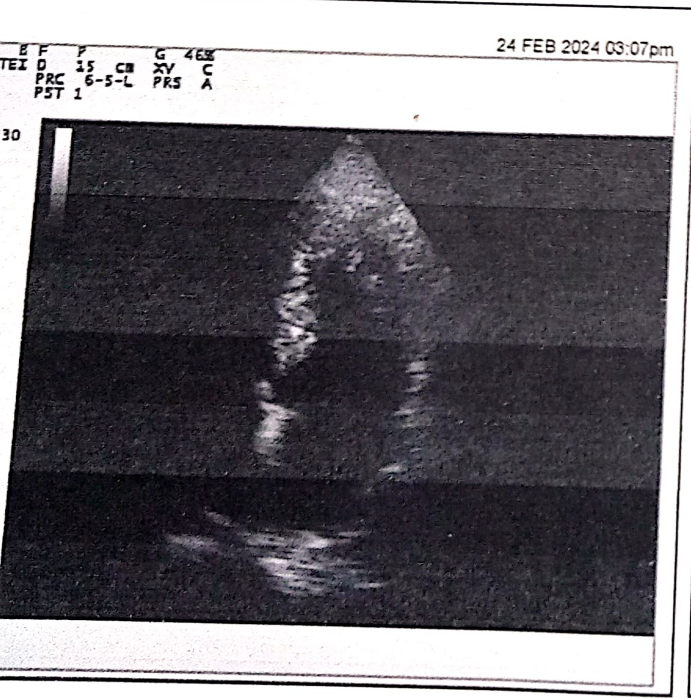
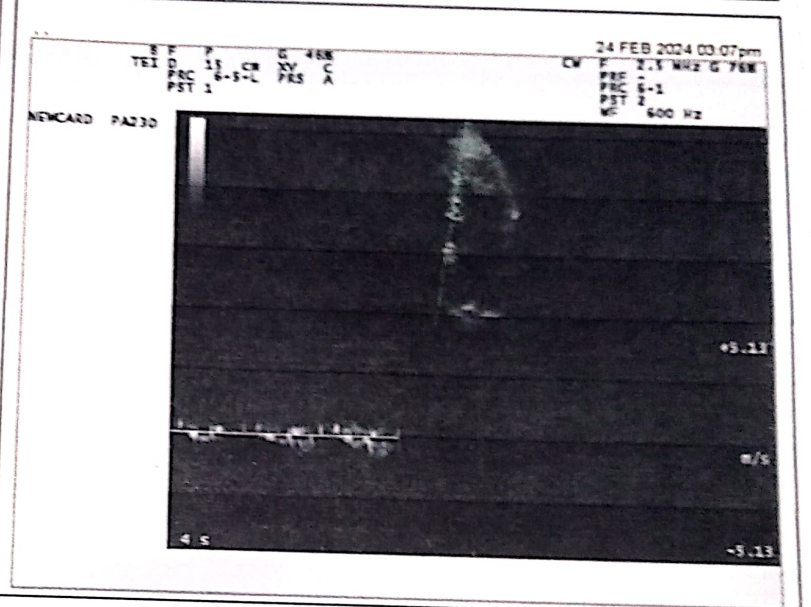
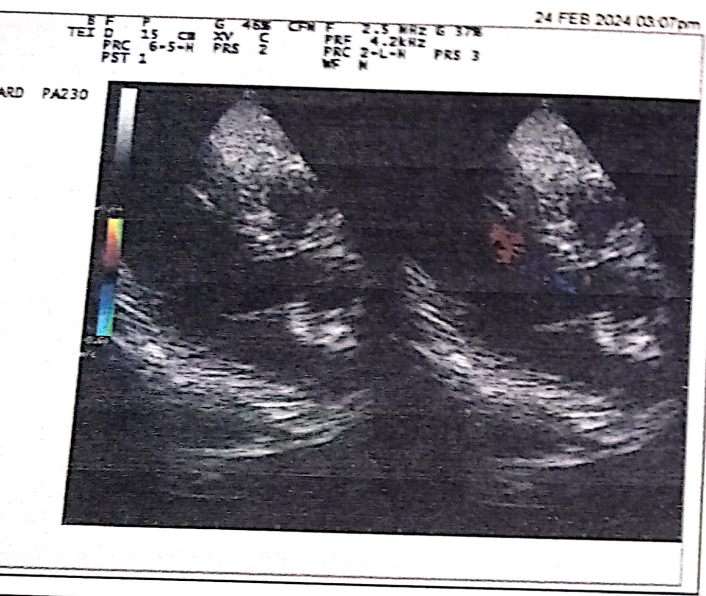
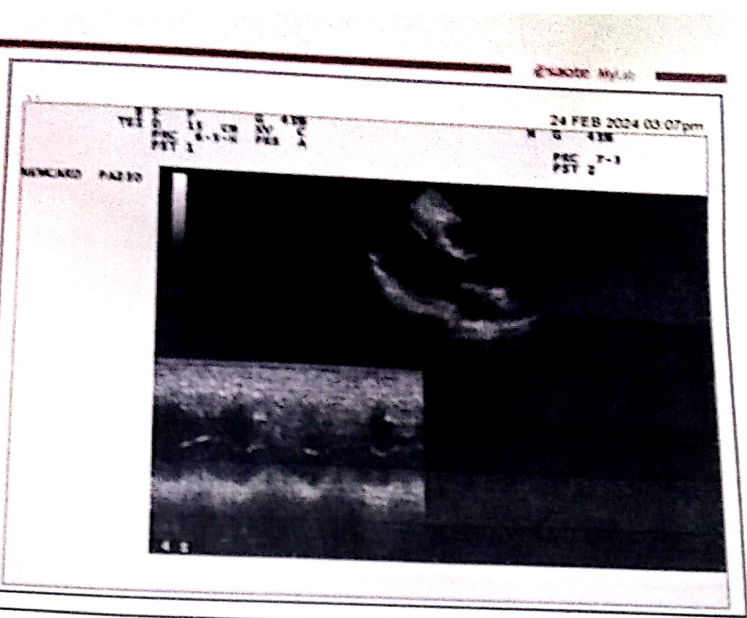
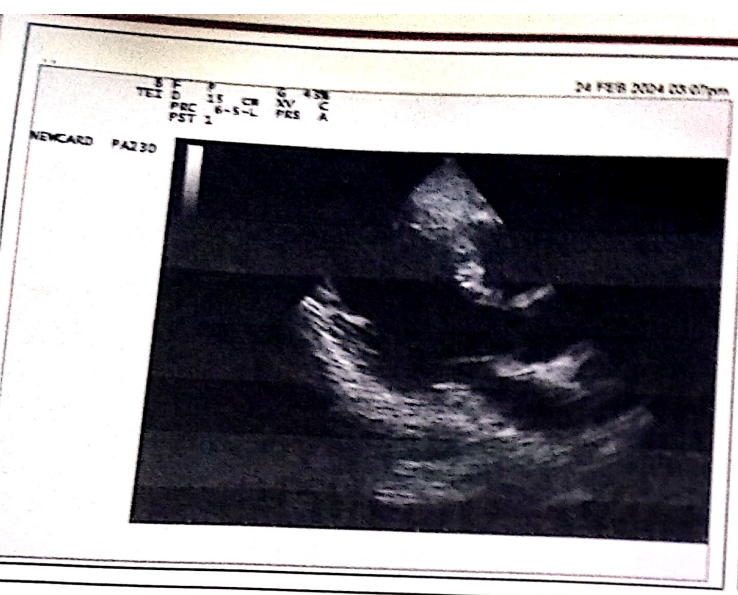
- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN



**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