



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

MRS. RASHMI 39/F
DR. NITIN AGARWAL, DM

23-03-2024

EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is mildly enlarged 15.8 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 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 partially filled.

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:- MILDLY ENLARGED FATTY LIVER (GRADE 1).

ADV—clinical correlation for bowel disorder

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

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

REVISED TIMINGS

9:00 AM – 4:00 PM / 7:00 PM – 9.00 PM ~~SUNDAY~~ 10:00AM -4:00 PM

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



NOT VALID FOR
MEDICO LEGAL PURPOSE



॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

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LIFE MEMBER OF IMA

Timings : 9:00 am to 9:00 pm, Sunday 9.00 am to 3.00 pm ☎ 8392957683, 6395228718

MR. SACHIN SINGH 40/M
DR. NITIN AGARWAL, DM

23-03-2024

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. Wall is thin. There is e/o single calculus 14 mm with distal acoustic shadowing seen within the lumen. No wall edema or pericholecystic fluid is seen. Sonographic Murphy's sign is negative. CBD is clear.

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 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:- CHOLELITHIASIS (SINGLE CALCULUS 14 MM), CBD CLEAR

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Counter sign



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MRS. RASHMI 39/F
DR. NITIN AGARWAL, DM

23-03-2024

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

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NOT VALID FOR
MEDICO LEGAL PURPOSE

10mm/mv 25mm/sec 32Hz

I

II

BPL AUDIART 6108T

10mm/mv 25mm/sec

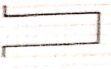
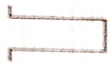
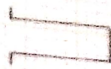
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Rashmi Raghava

23/03/2024

Pat. ID



CARDIART

CARDIART

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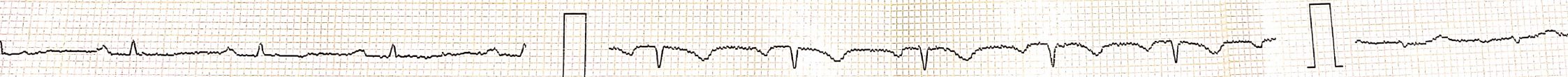
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10mm/mv 25mm/sec

aVR

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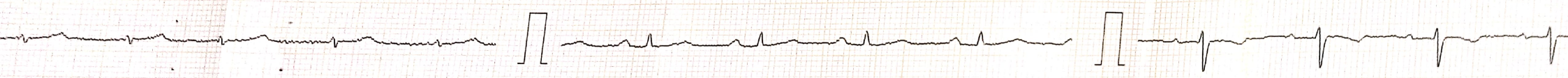
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aVF

V1



Pat.ID

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CARDIART

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BPL CARDIART 6108T

BPL

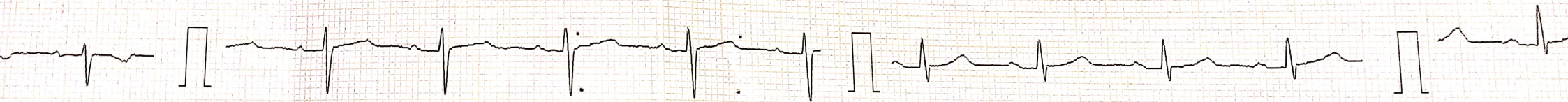
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BPL CARDIART

V2

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V4



Pat. ID

CARDIART

CARDIART

CARDIART 6108T

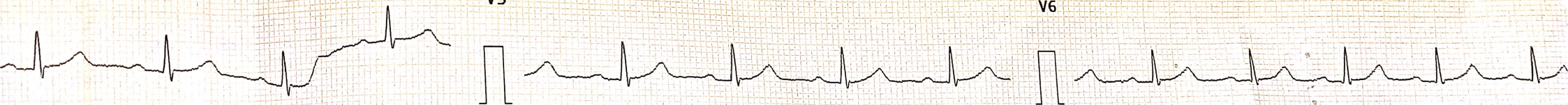
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10mm/mv 25mm/sec 32Hz

BPL CARDIART 6108T

V5

V6



Pat.ID

BPL 10mm/mv 25mm/sec @ \approx 32Hz

BPL CARDIART 6108T

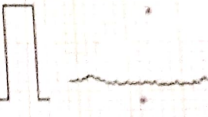
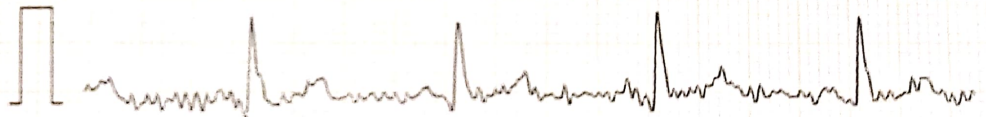
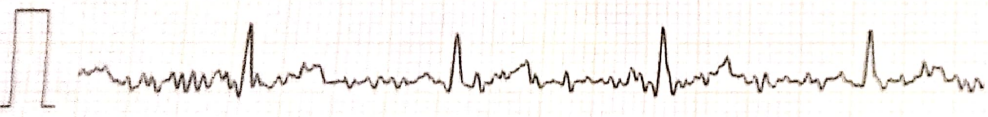
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III



Pat. ID ... Sachin ... 23/03/24

CARDIART

112

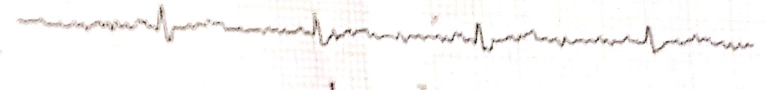
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BPL CARDIART 6108T



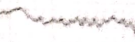
aVL

10mm/mv 25mm/sec @ 32Hz



aVF

BPL CAR



Pat. ID

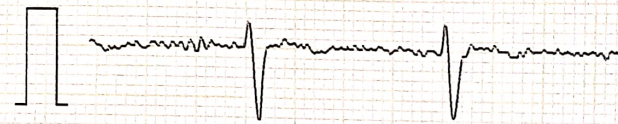
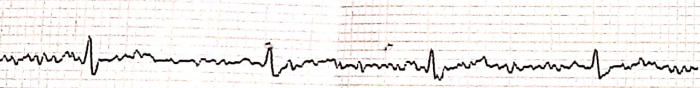
10mm/mv 25mm/sec @ 32Hz

BPL CARDIART 6108T

BPL 10mm/mv 25mm/sec @ 32Hz

aVF

V1



Pat.ID

Pat.ID

BPL CARDIART 6108T

BPL

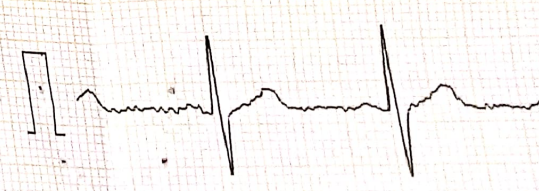
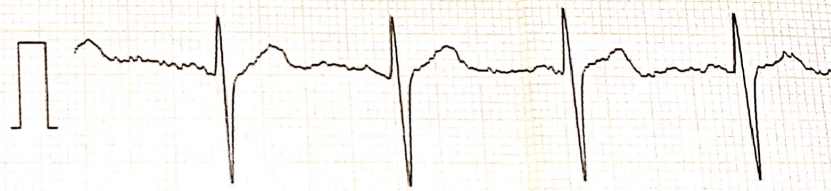
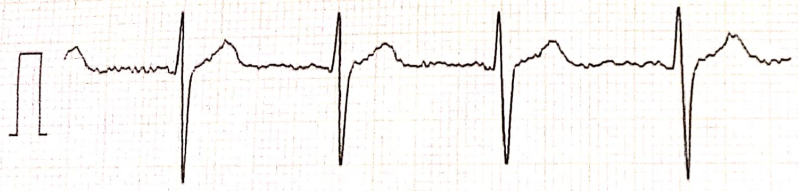
10mm/mv 25mm/sec @ ≈ 32Hz

BPL CARDIART 6108T

V2

V3

V4



Pat.ID

CARDIART

V3

10mm/mv 25mm/sec @ ≈ 32Hz

BPL CARDIART 6108T

V5

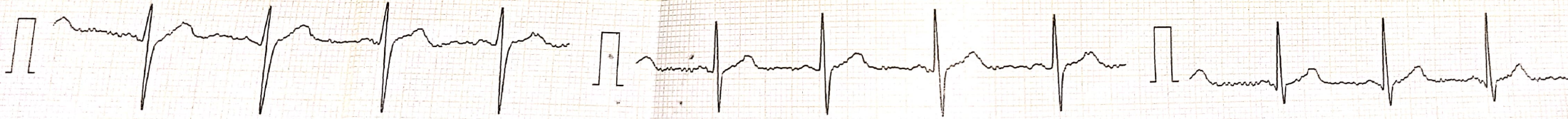
10mm/mv 25mm/sec @ ≈ 32Hz

V4

Pat.ID

Pat.ID

CARDIART

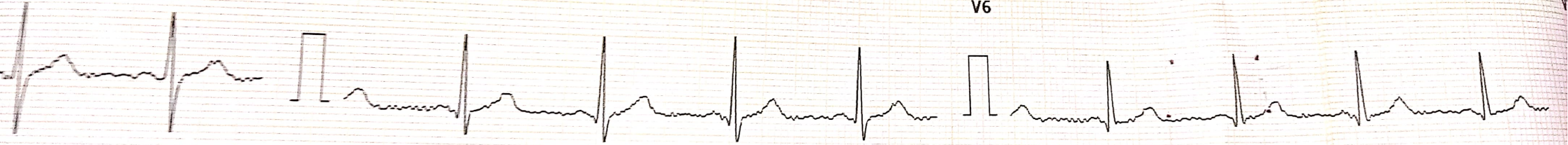


V5

10mm/mv 25mm/sec @ \approx 32Hz ^{BPL}

BPL CARDIART 6108T

V6



Pat.ID

CARDIART

CARDIART

APPLE CARDIAC CARE
EKTA NAGER STADIUM ROAD BAREILLY

Report



4673 / MRS. RASHMI / 39 Yrs / F / 155 Cms / 68 Kg Date: 23-Mar-2024 Refd By : NITIN AGARWAL (DM) Examined By: DR . NITIN AGARWAL

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	115	64 %	120/70	138	00	
Standing	00:20	0:17	00.0	00.0	01.0	114	63 %	120/70	136	00	
Standing	00:33	0:13	00.0	00.0	01.0	113	62 %	120/70	135	00	
HV	00:49	0:16	00.0	00.0	01.0	115	64 %	120/70	138	00	
ExStart	01:01	0:12	00.0	00.0	01.0	111	61 %	120/70	133	00	
BRUCE Stage 1	04:01	3:00	01.7	10.0	04.7	152	84 %	125/75	190	00	
BRUCE Stage 2	07:01	3:00	02.5	12.0	07.1	178	98 %	128/78	227	00	
PeakEx	08:04	1:03	03.4	14.0	08.2	193	107 %	128/80	247	00	
Recovery	08:34	0:30	00.0	00.0	04.1	195	108 %	128/80	249	00	
Recovery	09:04	1:00	00.0	00.0	01.1	169	93 %	125/78	211	00	
Recovery	10:04	2:00	00.0	00.0	01.0	126	70 %	122/75	153	00	
Recovery	10:10	2:07	00.0	00.0	01.0	125	69 %	122/75	152	00	

FINDINGS :

TMT-Negative

Exercise Time : 07:03
Max HR Attained : 195 bpm 108% of Target 181
Max BP Attained : 128/80
Max WorkLoad Attained : 8.2 Fair response to induced stress
Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, heart Rate Acheived

REPORT This is Sample Report 3

Heart Rate 114.0 bpm
 Systolic BP 128.0 mmHg
 Diastolic BP 80.0 mmHg
 Maximum Depression 0.1
 Exercise Time 07:03 Mins.
 Ectopic Beats 0.0

Doctor : DR. NITIN AGARWAL (DM)



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	086	48%	120/70	103	00	
Standing	00:21	0:17	00.0	00.0	01.0	085	47%	120/70	102	00	
HV	00:35	0:14	00.0	00.0	01.0	090	50%	120/70	108	00	
ExStart	01:15	0:40	00.0	00.0	01.0	104	58%	120/70	124	00	
BRUCE Stage 1	04:15	3:00	01.7	10.0	04.7	143	79%	125/75	178	00	
BRUCE Stage 2	07:15	3:00	02.5	12.0	07.1	175	97%	128/78	224	00	
BRUCE Stage 3	10:15	3:00	03.4	14.0	10.2	195	108%	130/80	253	00	
PeakEx	10:27	0:12	04.2	16.0	10.4	200	111%	130/80	260	00	
Recovery	10:57	0:30	00.0	00.0	07.3	190	106%	130/80	247	00	
Recovery	11:27	1:00	00.0	00.0	04.3	164	91%	128/78	209	00	
Recovery	12:27	2:00	00.0	00.0	01.0	146	81%	125/75	182	00	
Recovery	12:27	2:00	00.0	00.0	01.0	146	81%	125/75	182	00	

TMT- Nope dnt

FINDINGS :

Exercise Time : 09:12
 Max HR Attained : 200 bpm 111% of Target 180
 Max BP Attained : 130/80
 Max Workload Attained : 10.4 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, heart Rate Achieved

REPORT This is Sample Report 3

Heart Rate 85.0 bpm
 Systolic BP 130.0 mmHg
 Diastolic BP 80.0 mmHg
 Maximum Depression 0.1
 Exercise Time 09:12 Mins.
 Ectopic Beats 0.0

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. : 161
NAME : **Mr. RASHMI**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **23/03/2024**
AGE : 39 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.2	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	4,500	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	31	%	20-45
Eosinophils	04	%	01-08
TOTAL R.B.C. COUNT	4.01	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	35.0	%	35-54
M C V	75.9	fL	76-96
M C H	27.0	pg	27.00-32.00
M C H C	30.1	g/dl	30.50-34.50
PLATELET COUNT	1.81	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00 - 15
BLOOD GROUP			
Blood Group	A		
Rh	POSITIVE		

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.6		

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	15	mg/dL.	5 - 25
URIC ACID	5.6	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

SERUM CREATININE	0.7	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>
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	7.2	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.25		0.0-2.0
SGOT	31	IU/L	0-40
SGPT	22	IU/L	0-40
SERUM ALK.PHOSPHATASE	71	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	204	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	125	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	25	mg/dL.	15 - 40
LDL CHOLESTEROL	130	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.16	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.65	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

URINE EXAMINATION

of Apple Cardiac Care
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 are Hospital),
 - 243 122 (U.P.) India
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 AGE : 39 Yrs.
 SEX : MALE

<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		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	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS			
Bacteria	NIL		
Other	NIL		

Apple Cardiac Care
100, Stadium Road,
Gurgaon,
Haryana 122002 (I.P.) India
Phone: 0129411877, 08450000440



APPLE
PATHOLOGY
TRUSTED RESULT

REG NO: 161
NAME: Mr. RASHMI
REFERRED BY: Dr Nitin Agarwal (D.M.)
SAMPLE: BLOOD

DATE: 23/03/2024
AGE: 39 Yrs.
SEX: MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
--(End of Report)--			

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

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. : 160
NAME : **Mr. SACHIN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **23/03/2024**
AGE : 40 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.2	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	5,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	72	%	40-75
Lymphocytes	26	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.55	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	42.3	%	35-54
M C V	81.2	fL	76-96
M C H	29.3	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.94	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00 - 15
BLOOD GROUP			
Blood Group	B		
Rh	POSITIVE		



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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.	85	mg/dl	60-100
BLOOD UREA NITROGEN	15	mg/dL.	5 - 25
URIC ACID	6.9	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

SERUM CREATININE	0.7	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>
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.8		
DIRECT	0.5	mg/dL	0.3-1.2
INDIRECT	0.3	mg/dL	0.2-0.6
SERUM PROTEINS			
Total Proteins	7.4		
Albumin	4.0	Gm/dL	6.4 - 8.3
Globulin	3.4	Gm/dL	3.5 - 5.5
A : G Ratio	1.18	Gm/dL	2.3 - 3.5
SGOT	22		0.0-2.0
SGPT	21	IU/L	0-40
SERUM ALK.PHOSPHATASE	98	IU/L	0-40
		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	133	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	93	mg/dl.	30 - 160
HDL CHOLESTEROL	52	mg/dL.	30-70
VLDL CHOLESTEROL	18.6	mg/dL.	15 - 40
LDL CHOLESTEROL	62.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	2.56	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	1.2	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 mellitus, 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) 19 U/L 7-32

URINE EXAMINATION



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TEST NAME

URINE EXAMINATION REPORT

RESULTS

UNITS

BIOLOGICAL REF. RANGE

PHYSICAL EXAMINATION

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TRANSPARENCY			
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Red Blood Cells	Nil	/H.P.F.	
Pus Cells	0-1	/H.P.F.	
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Crystals	NIL		
Casts	Nil	/H.P.F.	NIL
DEPOSITS	NIL		
Bacteria	NIL		
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RESULTS

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BIOLOGICAL REF. RANGE

--{End of Report}--

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(Pathologist)