

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. : 22
NAME : **Mrs. SHILPI GUPTA**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **14/04/2024**
AGE : 41 Yrs.
SEX : FEMALE

| <u>TEST NAME</u> | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|-----------------------------------|----------------|----------------------|------------------------------|
| HAEMATOLOGY | | | |
| COMPLETE BLOOD COUNT (CBC) | | | |
| HAEMOGLOBIN | 12.0 | gm/dl | 12.0-15.0 |
| TOTAL LEUCOCYTE COUNT | 7,100 | /cumm | 4,000-11,000 |
| DIFFERENTIAL LEUCOCYTE COUNT(DLC) | | | |
| Neutrophils | 70 | % | 40-75 |
| Lymphocytes | 28 | % | 20-45 |
| Eosinophils | 02 | % | 01-08 |
| TOTAL R.B.C. COUNT | 4.01 | million/cumm | 3.5-6.5 |
| P.C.V./ Haematocrit value | 41.3 | % | 35-54 |
| M C V | 80.2 | fL | 76-96 |
| M C H | 28.1 | pg | 27.00-32.00 |
| M C H C | 31.2 | g/dl | 30.50-34.50 |
| PLATELET COUNT | 1.85 | lacs/mm ³ | 1.50 - 4.50 |
| E.S.R (WINTROBE METHOD) | | | |
| -in First hour | 14 | mm | 00- 20 |
| BLOOD GROUP | | | |
| Blood Group | B | | |
| Rh | POSITIVE | | |



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| 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 patient 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 | 14 | mg/dL. | 5 - 25 |
| SERUM CREATININE | 0.6 | mg/dL. | 0.5-1.4 |
| URIC ACID | 5.1 | 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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|------------------------|----------------|--------------|------------------------------|
| LIVER PROFILE | | | |
| SERUM BILIRUBIN | | | |
| TOTAL | 0.9 | mg/dL | 0.3-1.2 |
| DIRECT | 0.5 | mg/dL | 0.2-0.6 |
| INDIRECT | 0.4 | mg/dL | 0.1-0.4 |
| SERUM PROTEINS | | | |
| Total Proteins | 7.2 | Gm/dL | 6.4 - 8.3 |
| Albumin | 4.4 | Gm/dL | 3.5 - 5.5 |
| Globulin | 2.8 | Gm/dL | 2.3 - 3.5 |
| A : G Ratio | 1.57 | | 0.0-2.0 |
| SGOT | 31 | IU/L | 0-40 |
| SGPT | 26 | IU/L | 0-40 |
| SERUM ALK.PHOSPHATASE | 67 | 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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| TEST NAME | RESULTS | UNITS | BIOLOGICAL REF. RANGE |
|----------------------------|---------|--------|-----------------------|
| LIPID PROFILE | | | |
| SERUM CHOLESTEROL | 163 | 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 | 92.40 | mg/dL. | 00-130 |
| CHOL/HDL CHOLESTEROL RATIO | 3.13 | mg/dl | 0-4 |
| LDL/HDL CHOLESTEROL RATIO | 1.78 | 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) | 31 | U/L | 11-50 |
| BLOOD SUGAR P.P. | 105 | mg/dl | 80-160 |

URINE EXAMINATION

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| 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 | | |
| HORMONE | | | |

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|------------------------------------|----------------|--------------|------------------------------|
| Triiodothyronine (T3) | 1.45 | ng/ml | 0.60-1.81 |
| Thyroxine (T4) | 8.12 | ug/dl | 5.01-12.45 |
| THYROID STIMULATING HORMONE [TSH.] | 1.56 | uIU/mL | 0.35-5.50 |

NORMAL RANGE:

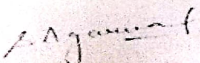
Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 uIU/mL.
Normal newborn infants (TSH measured 4 days after birth): Between 1.3 to 16 uIU/mL.
Babies (1-11 months): 0.9 to 7.7 uIU/mL.
Kids (1 year till the onset of puberty): 0.6 to 5.5 uIU/mL.
ADULT : 0.21-4.2uIU/mL.

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}--


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





Report

4856 / Mrs. SHILPI GUPTA / 41 Yrs / F / 164 Cms / 61 Kg Date: 14-Apr-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 | 00:08 | 0:08 | 00.0 | 00.0 | 01.0 | 128 | 72 % | 120/70 | 153 | 00 | |
| Standing | 00:34 | 0:26 | 00.0 | 00.0 | 01.0 | 125 | 70 % | 120/70 | 150 | 00 | |
| HV | 01:06 | 0:32 | 00.0 | 00.0 | 01.0 | 118 | 66 % | 120/70 | 141 | 00 | |
| ExStart | 01:25 | 0:19 | 00.0 | 00.0 | 01.0 | 114 | 64 % | 120/70 | 136 | 00 | |
| BRUCE Stage 1 | 04:25 | 3:00 | 01.7 | 10.0 | 04.7 | 187 | 104 % | 125/75 | 233 | 00 | |
| PeakEx | 04:32 | 0:07 | 00.0 | 00.0 | 04.8 | 176 | 98 % | 125/75 | 220 | 00 | |
| Recovery | 05:02 | 0:30 | 00.0 | 00.0 | 01.7 | 174 | 97 % | 125/75 | 217 | 00 | |
| Recovery | 05:32 | 1:00 | 00.0 | 00.0 | 01.0 | 149 | 83 % | 125/75 | 186 | 00 | |
| Recovery | 06:32 | 2:00 | 00.0 | 00.0 | 01.0 | 129 | 72 % | 120/70 | 154 | 00 | |
| Recovery | 07:01 | | | | 00.0 | 000 | 0 % | — | 000 | 00 | |

1MT - Negative for Ischaemia

Exercise Time : 03:07
 Max HR Attained : 187 bpm 104% of Target 179
 Max BP Attained : 125/75
 Max Workload Attained : 4.8 Poor response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Ac

REPORT This is Sample Report 3

Heart Rate 125.0 bpm
 Systolic BP 125.0 mmHg
 Diastolic BP 75.0 mmHg
 Maximum Depression 0.0
 Exercise Time 03:07 Mins.
 Ectopic Beats 0.0
 METS 4.8
 Test End Reason Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Ac
 Target Heart Rate 179.0

डॉ. नितिन अग्रवाल
 सी.ओ. सी.एच.पी.
 हृदय रोग विशेषज्ञ

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॥ 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

MRS. SHILPI GUPTA 41/F
DR. NITIN AGARWAL, DM

14-04-2024

EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is enlarged 21.2 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 echoes are normal. **Coarse endometrial calcification is seen.**

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

**IMPRESSION:- ENLARGED FATTY LIVER (GRADE 3)
COARSE ENDOMETRIAL CALCIFICATION**

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 स्लाईस
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE



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14-04-2024

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

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