



॥ ॐ गणेशाय नमः ॥

# 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

MRS. MADHU AGE--47Y/F  
DR. NITIN AGARWAL, DM

25-11-2023

## EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN FEMALE

The Liver is mildly enlarged 153 mm 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 partially distended. 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. Small 2 mm concretion is seen at upper pole. No hydronephrosis 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 lower 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 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. 32 x 23 mm Intramural fibroid is seen in the left lateral wall. Endometrium is central.

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

IMPRESSION: - **MILDLY ENLARGED FATTY LIVER (GRADE 1).**  
**B/L SMALL RENAL CONCRETIONS.**  
**INTRAMURAL UTERINE FIBROID.**

## **ADV ---X-RAY KUB / URINE EXAMINATION / NCCT KUB**

NOTE--Uretric calculus & small renal calculus may not be visualized on routine ultrasound scanning (limitation depends upon bowel gas, hydration of the patient & urinary bladder fullness). USG scan may be reviewed after X-ray if any discrepancy. Minor uretric calculi are visualized on NCCT KUB only. For exact size, number & position of renal & uretric calculi NCCT KUB (on multi slice CT scanner) is 100 % sensitive & specific

DR LOKESH GOYAL  
MD  
RADIODIAGNOSIS

DR APUROOP REDDY  
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 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







# GANESH DIAGNOSTIC

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LIFE MEMBER OF IRIA

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

MR. RAVI KANT AMRESH  
DR. NITIN AGARWAL, DM

AGE—55Y/M

25-11-2023

**EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN MALE**

The Liver is mildly enlarged 155 mm 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 normal in size and outline. Walls are thin & smooth. There is no evidence of any obvious intraluminal or perivesical pathology. BL, VUJ are clear.

The Prostate is mildly enlarged in size and volume 36 cc. 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: - MILDLY ENLARGED FATTY LIVER (GRADE 1).  
GRADE 1 PROSTATOMEGALY.**

**ADV—URINE EXAMINATION**

DR LOKESH GOYAL  
MD  
RADIODIAGNOSIS

DR APJ PROOP REDDY  
MD  
RADIODIAGNOSIS

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**REVISED TIMINGS**

9:00 AM - 4:00 PM / 7:00 PM - 8:30 PM

डिजिटल एचआर-ई, मस्ती रलाईंटा  
श्री. टी. रवीन्द्र सुब्रह्मण्यम् उपाध्याय जी।



9:30AM -2:30 PM

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MEDICO LEGAL PURPOSE**



# 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. : 122  
NAME : Mr. RAVI KANT AMRESH  
REFERRED BY : Dr. Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 25/11/2023  
AGE : 55 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.2	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	7,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	00	%	01-08
TOTAL R.B.C. COUNT	4.21	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	40.1	%	35-54
M C V	80.2	fl	76-96
M C H	29.5	pg	27.00-32.00
M C H C	31.2	g/dl	30.50-34.50
PLATELET COUNT	1.70	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	71	mg/dl	60-100

## HAEMATOLOGY





Reg.NO. : 122  
 NAME : Mr. RAVI KANT AMRESH  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : 25/11/2023  
 AGE : 55 Yrs.  
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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.

**BLOOD GROUP**

Blood Group	O
Rh	POSITIVE

**BIOCHEMISTRY**

BLOOD UREA	26	mg/dL	10-40
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- \* Low serum urea is usually associated with status of overhydration severe hepatic failure.
- \* A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairment of renal function. In chronic renal failure, urea correlates better with the symptoms of uremia than does serum creatinine.
- \* Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.

SERUM CREATININE	1.0	mg/dL	0.5-1.4
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 REFERRED BY : Dr Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **25/11/2023**  
 AGE : 55 Yrs.  
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URIC ACID	7.3	mg/dl	3.5-8.0

**CLINICAL SIGNIFICANCE:**

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

SERUM SODIUM (Na)	141	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.2	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	10.2	mg/dl	8.5 - 10.5
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
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
<b>SERUM PROTEINS</b>			
Total Proteins	7.4	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.31		0.0-2.0
SGOT	42	IU/L	0-40
SGPT	47	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 infections 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, strabismus and bone diseases.



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AGE : 55 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	203	mg/dL	130 - 200
SERUM TRIGLYCERIDE	195	mg/dl.	30 - 160
HDL CHOLESTEROL	47	mg/dL	30-70
VLDL CHOLESTEROL	39	mg/dL	15 - 40
LDL CHOLESTEROL	117	mg/dL	00-130
CHOL/HDL CHOLESTEROL RATIO	4.32	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.49	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.

#### URINE EXAMINATION




 Reg.NO. : 122  
 NAME : Mr. RAVI KANT AMRESH  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

 DATE : 25/11/2023  
 AGE : 55 Yrs.  
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	6.0		
<b>TRANSPARENCY</b>			
Volume	25	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
<b>MICROSCOPIC EXAMINATION</b>			
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.	
<b>DEPOSITS</b>			
Bacteria	NIL		
Other	NIL		



10mm/mV 25mm/sec 25Hz

BPL

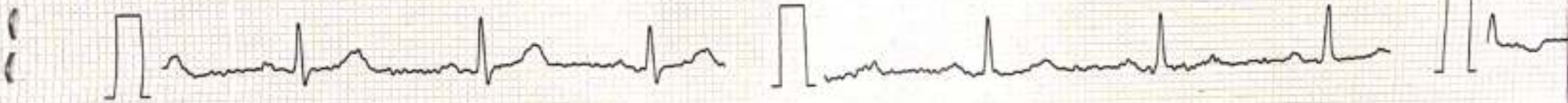
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Pat. ID. Madhy  
Age-47

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डॉ० नितिन अग्रवाल  
डी०एम०  
हृदय रोग विशेषज्ञ

CARDIART



BPL 10mm/mV 25mm/sec 25Hz

I

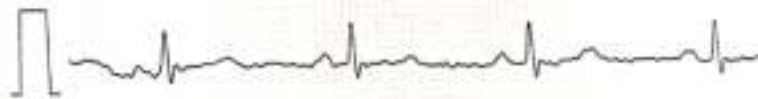


Pat ID: Ravi Kumbh 25/11/23  
Rbc-55

CARDIART

BPL CARDIART 6108T

II



डॉ० नितिन अग्रवाल  
डी०एम०  
हृदय रोग विशेषज्ञ U2

CARDIART

10mm/mV 25mm/sec 25Hz

III



Pat. ID....



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MR. RAVI KANT 55/M  
DR. NITIN AGARWAL, DM

25-11-2023

## 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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श्री. टी. रंजन सुभाषा उपलब्ध है।



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Scanned with OKEN Scanner



# A Venture of Apple Cardiac Care

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(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 123  
NAME : Mrs. MADHU ANAND  
REFERRED BY : Dr. Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 25/11/2023  
AGE : 42 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	13.2	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	7,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	40	%	20-45
Eosinophils	00	%	01-08
TOTAL R.B.C. COUNT	4.25	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	41.2	%	35-54
M C V	80.2	fL	76-96
M C H	29.5	pg	27.00-32.00
M C H C	31.5	g/dl	30.50-34.50
PLATELET COUNT	1.70	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00- 20
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.5		

#### 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.

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>BLOOD GROUP</b>			
Blood Group	A		
Rh	POSITIVE		
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	78	mg/dl	60-100
BLOOD UREA	18	mg/dL	10-40

- \* Low serum urea is usually associated with status of overhydration severe hepatic failure.
- \* A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairment of renal function. In chronic renal failure, urea correlates better with the symptoms of uremia than does serum creatinine.
- \* Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.

SERUM CREATININE	0.8	mg/dL	0.5-1.4
URIC ACID	6.4	mg/dl	3.0-6.0

**CLINICAL SIGNIFICANCE:**

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

SERUM SODIUM (Na)	138	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.2	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.9	mg/dl	8.5 - 10.5

Reg.NO. : 123  
NAME : Mrs. MADHU ANAND  
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SAMPLE : BLOOD

DATE : 25/11/2023  
AGE : 42 Yrs.  
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
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	7.0	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	34	IU/L	0-40
SGPT	31	IU/L	0-40
SERUM ALK.PHOSPHATASE	74	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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 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	200	mg/dL	130 - 200
SERUM TRIGLYCERIDE	<b>191</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL	30-70
VLDL CHOLESTEROL	38.2	mg/dL	15 - 40
LDL CHOLESTEROL	113.80	mg/dL	00-130
CHOL/HDL CHOLESTEROL RATIO	<b>4.17</b>	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	2.37	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.

#### URINE EXAMINATION



Reg.NO. : 123  
 NAME : Mrs. MADHU ANAND  
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 SAMPLE : BLOOD

DATE : 25/11/2023  
 AGE : 42 Yrs.  
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	6.0		
<b>TRANSPARENCY</b>			
Volume	15	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	Acidic		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	0-1	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
<b>DEPOSITS</b>			
Bacteria	NIL		
Other	NIL		

Apple Cardiac Care  
Nagar, Stadium Road,  
Care Hospital),  
eilly - 243 122 (U.P.) India  
tel. : 07599031977, 09458888448



Reg.NO. : 123  
NAME : Mrs. MADHU ANAND  
REFERRED BY : Dr. Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 25/11/2023  
AGE : 42 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	—{End of Report}—		

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



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

Madhu Arora

421 F

25/11/23

129/86

98

83

Rx.

• Neogenic oil

|-----|

• Sup. Pantoe MTS

H-----H

• Is. Ascorbid - 6WIM  
- stat

- T. Pantium QSR



(15 days)

TG-191

A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

**SUNDAY  
CLOSED**

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

**VALID FOR 5 DAYS.**

पचास पाँच दिन के लिये मान्य



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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

Ravi Kant  
CS/RI

26/11/23  
134/80  
96  
120

TG-195

Rx

- Neogenic oil

- sup Jereasy

- Cp Radium DSR

- Isobutol 6WIM  
- Sand

T. Ivabradil (5)

A-3, EKTA NAGAR, (OPP CARE HOSPITAL) STADIUM ROAD, NEAR DELAFEER CHAURAHA, BAREILLY - 243 122 (U.P)

OPD Timings : 12.00 Noon to 04.00 pm, Sunday : 12.00 Noon to 3.00 pm

संख्या लगाने के लिए फोन करें : 09458888448, 07599031977

VALID FOR 5 DAYS.

पर्वत पर्वत दिन के लिये मान्य

SUNDAY  
CLOSED



Scanned with OKEN Scanner



**APPLE**  
**CARDIAC CARE**  
DR. NITIN AGARWAL'S HEART CLINIC

Client Name: Madhu Anand

AGE : 47

Client want not interested for ECHO /TMT TEST .

CLIENT SIGNATURE.

*Madhu*

*he*  
डॉ० नितिन अग्रवाल  
डी०एम०  
हृदय रोग विशेषज्ञ





A-3 Ekta Nagar (Opp. Care Hospital), Stadium Road, Bareilly

3638 / MR. RAVI KANT AMRESH / 55 Yrs / M / 162 Cms / 68 Kg Date: 25-Nov-2023 Refd By : NITIN AGARWAL (DM) Examined By:

NonCardiacPain Angina /Non-Hypercholestromia/Non-Diabetic/Positive Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	097	59 %	120/70	116	00	
Standing	00:24	0:20	00.0	00.0	01.0	088	53 %	120/70	105	00	
HV	00:48	0:24	00.0	00.0	01.0	086	52 %	120/70	103	00	
ExStart	01:12	0:24	00.0	00.0	01.0	089	54 %	120/70	106	00	
BRUCE Stage 1	04:12	3:00	01.7	10.0	04.7	143	87 %	125/75	178	00	
BRUCE Stage 2	07:12	3:00	02.5	12.0	07.1	174	105 %	128/78	222	00	
BRUCE Stage 3	10:12	3:00	03.4	14.0	10.2	193	117 %	130/80	250	00	
PeakEx	10:20	0:08	04.2	16.0	10.4	194	118 %	130/80	252	00	
Recovery	11:20	1:00	00.0	00.0	04.2	167	101 %	130/80	217	00	
Recovery	12:20	2:00	00.0	00.0	01.0	146	88 %	128/78	186	00	
Recovery	13:20	3:00	00.0	00.0	01.0	133	81 %	125/70	166	00	
Recovery	13:44	3:25	00.0	00.0	01.0	130	79 %	125/70	162	00	

## Findings :

Exercise Time : 09.08  
 Max HR Attained : 194 bpm 118% of Target 165  
 Max BP Attained : (Sys) 130/80  
 Max WorkLoad Attained : 10.4 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -3.5 mm in Stage 2  
 Duke Treadmill Score : 07.4  
 Test End Reasons : Test Complete, Heart Rate Acheived, Test Complete, heart Rate Acheived

TMT - Negative

डॉ. नितिन अग्रवाल  
 डी.एम.  
 हृदय रोग विशेषज्ञ



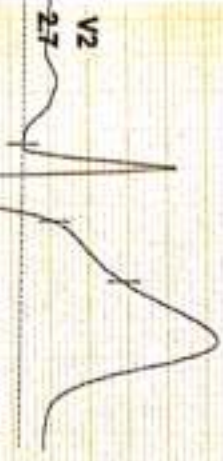


3638 / MR RAVI KANT AMRESH / 55 YRS / M / 162 Cms / 68 Kg / HR : 97

Date: 25-Nov-2023 01:02:53 PM METS: 1.0/ 97 bpm 69% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



I  
RI 0.6  
RS 0.7



VI 0.4  
V2 0.0



II 0.9  
RI 1.0



V2 2.7  
V2 2.2



III 0.3  
RI 0.4



V3 2.8  
V3 2.4



aVR -0.7  
aR -0.9



V4 2.4  
V4 2.2



aVL 0.2  
aL 0.1



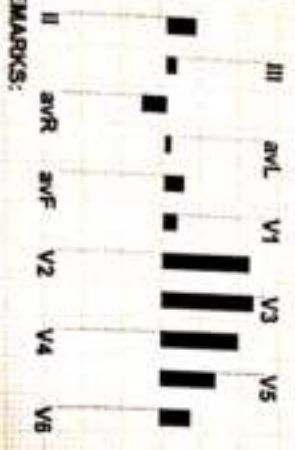
V5 1.7  
V5 1.8



aVF 0.8  
aF 0.7



V6 0.9  
V6 1.1



II  
III  
aVR  
aVL  
aVF  
V1  
V2  
V3  
V4  
V5  
V6

REMARKS:



3638 / MR RAVI KANT AMRESH / 55 Yrs / M / 162 Cms / 68 Kg / HR : 88

Date: 25-Nov-2023 01:02:53 PM METS: 1.0/ 88 bpm 53% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 HALF 20 Hz

STANDING ( 00:20 )



EXTime: 00:00 0.0 mpm, 0.0%  
25 mm/Sec, 1.0 Cm/mV

4X 80 ms Post J



I  
STL 0.5  
STB 0.7



II  
0.8  
1.1



III  
0.3  
0.4



aVR  
-0.7  
-0.9



aVL  
0.1  
0.2



aVF  
0.5  
0.8



V1  
0.6  
0.0



V2  
2.9  
2.2



V3  
3.0  
2.5



V4  
2.4  
2.2



V5  
1.7  
1.8



V6  
0.9  
1.2

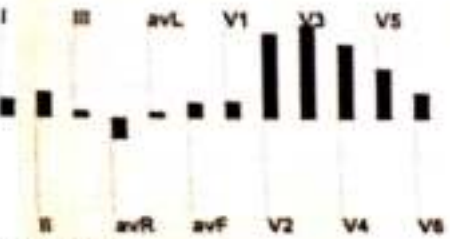
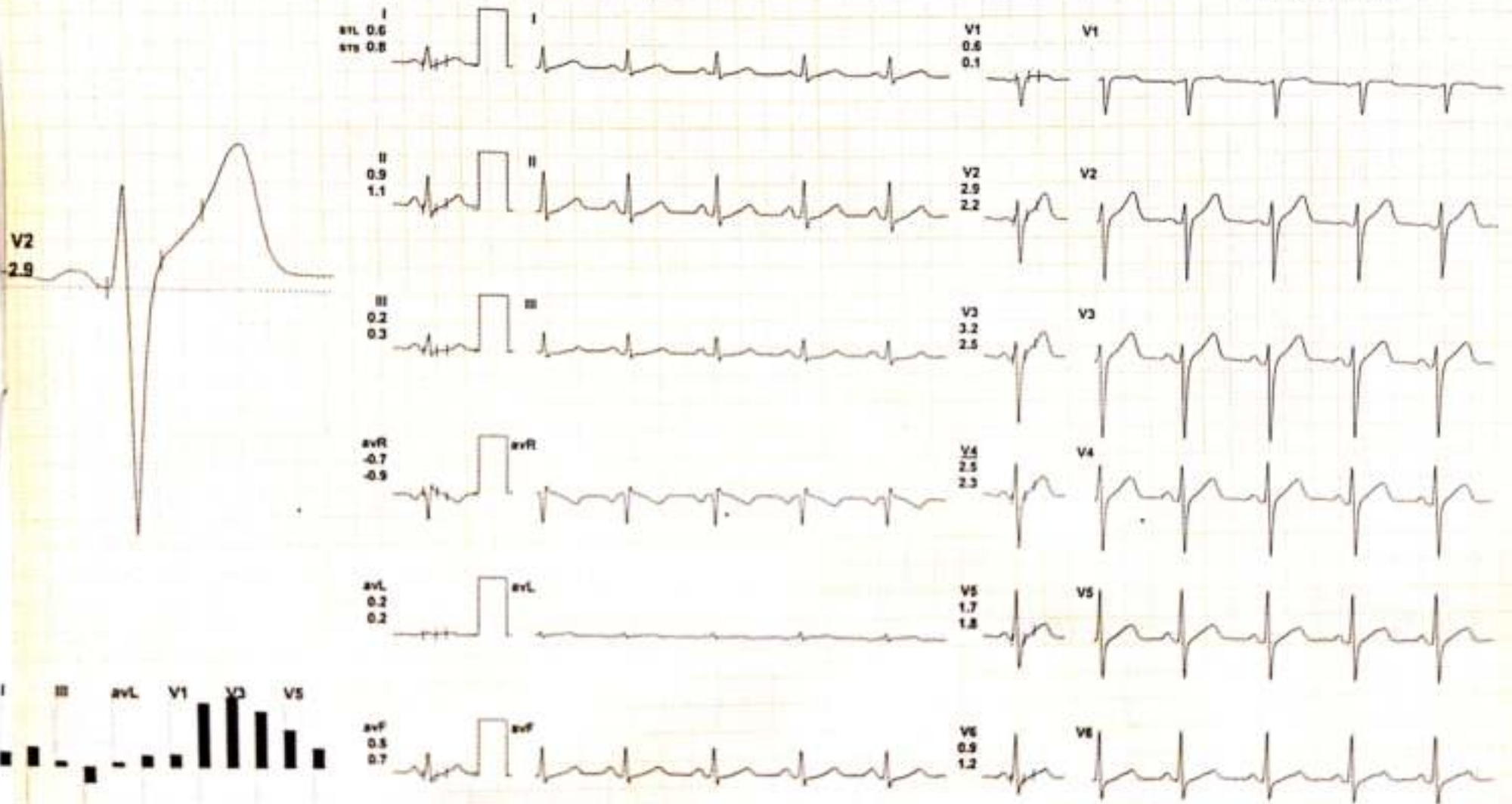


REMARKS:





4X 60 mS Post J



REMARKS:

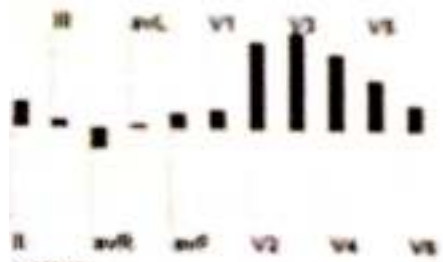
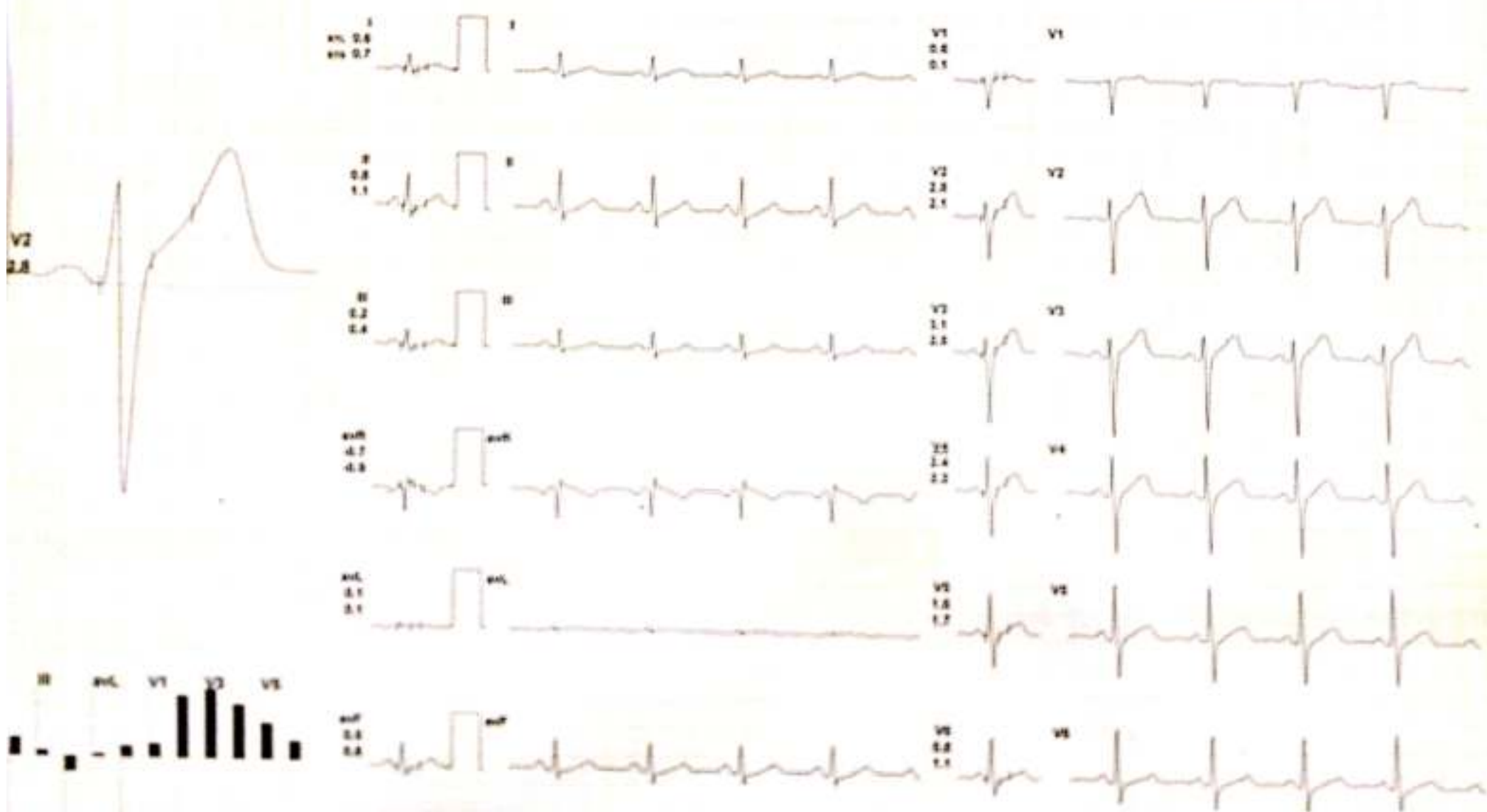


3639 / MR. RAVI KANT AMRESH / 55 Yrs / M / 162 Cms / 68 Kg / HR : 89

Date: 25-Nov-2023 01:02:53 PM METD: 1.0V 69 bpm 94% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J

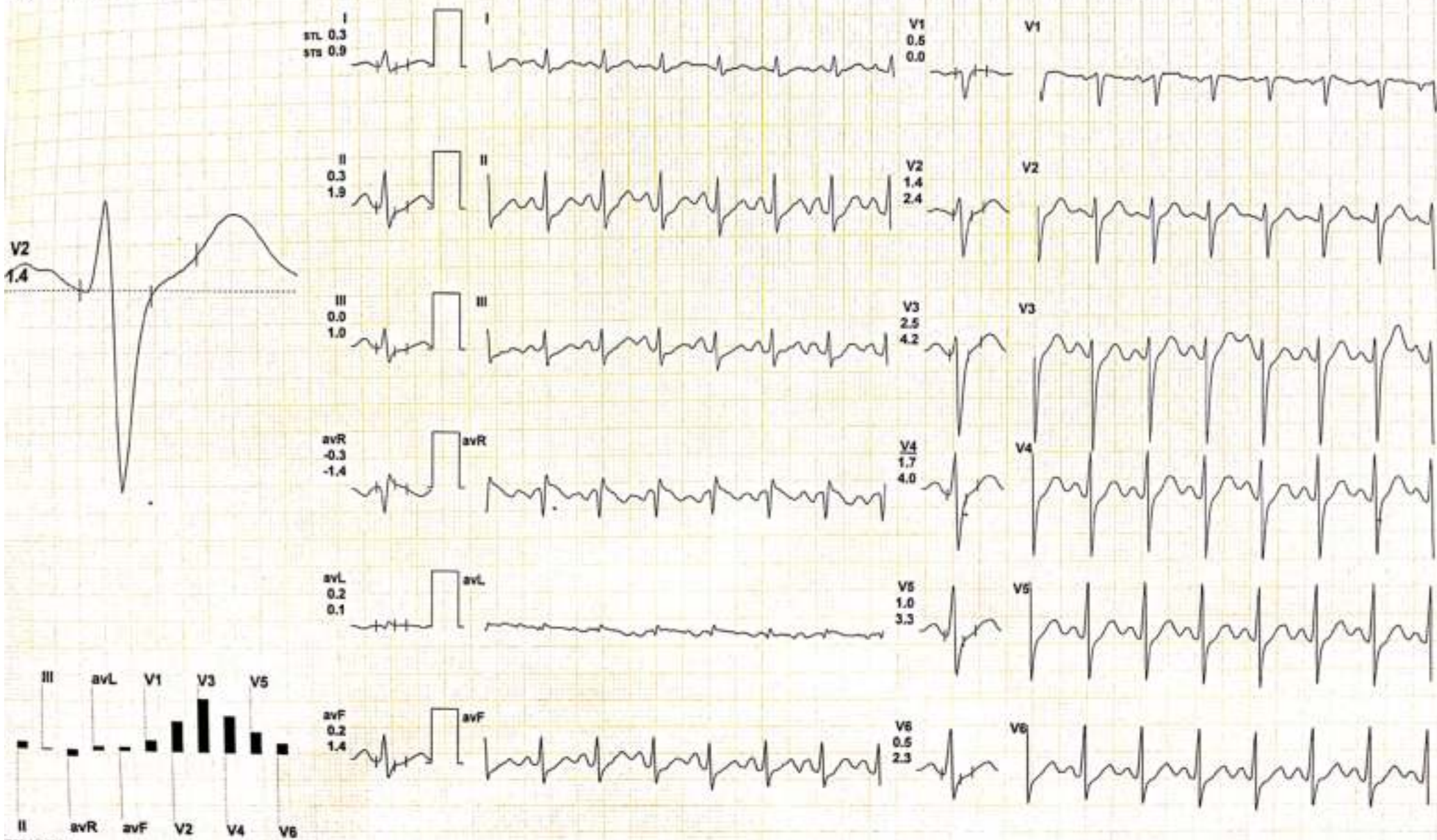


MARKS:





4X 60 mS Post J



EMARKS:



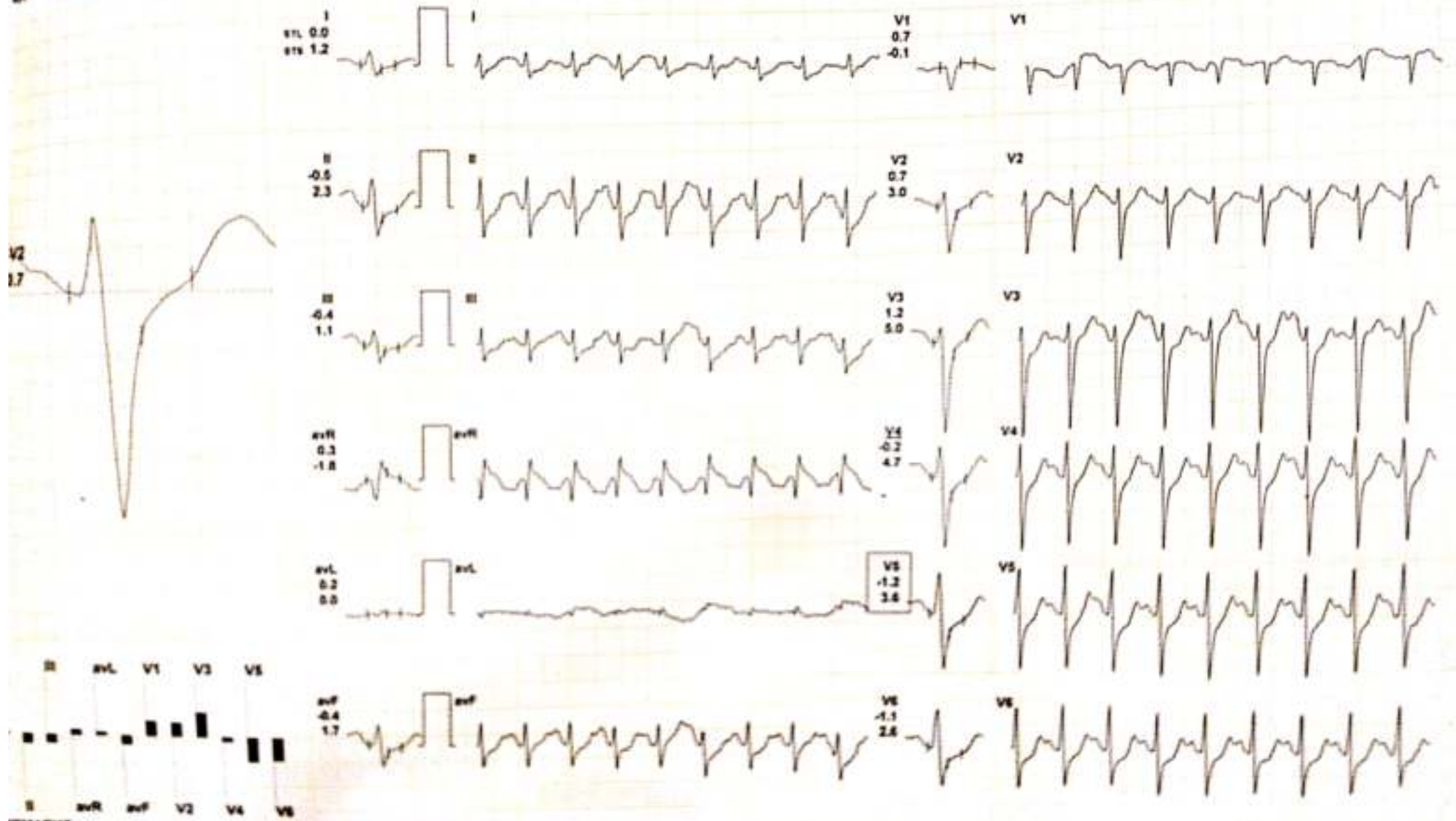


3538 / MR. RAVI KANT AMRESH / 55 Yrs / M / 162 Cms / 68 Kg / HR : 174

Date: 25-Nov-2023 01:02:53 PM METS: 7.1/ 174 bpm 105% of THR BP: 128/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J

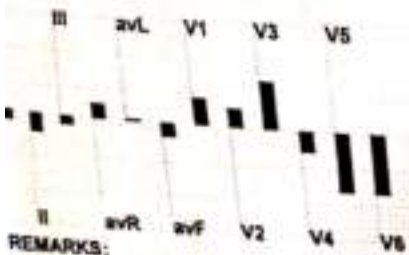
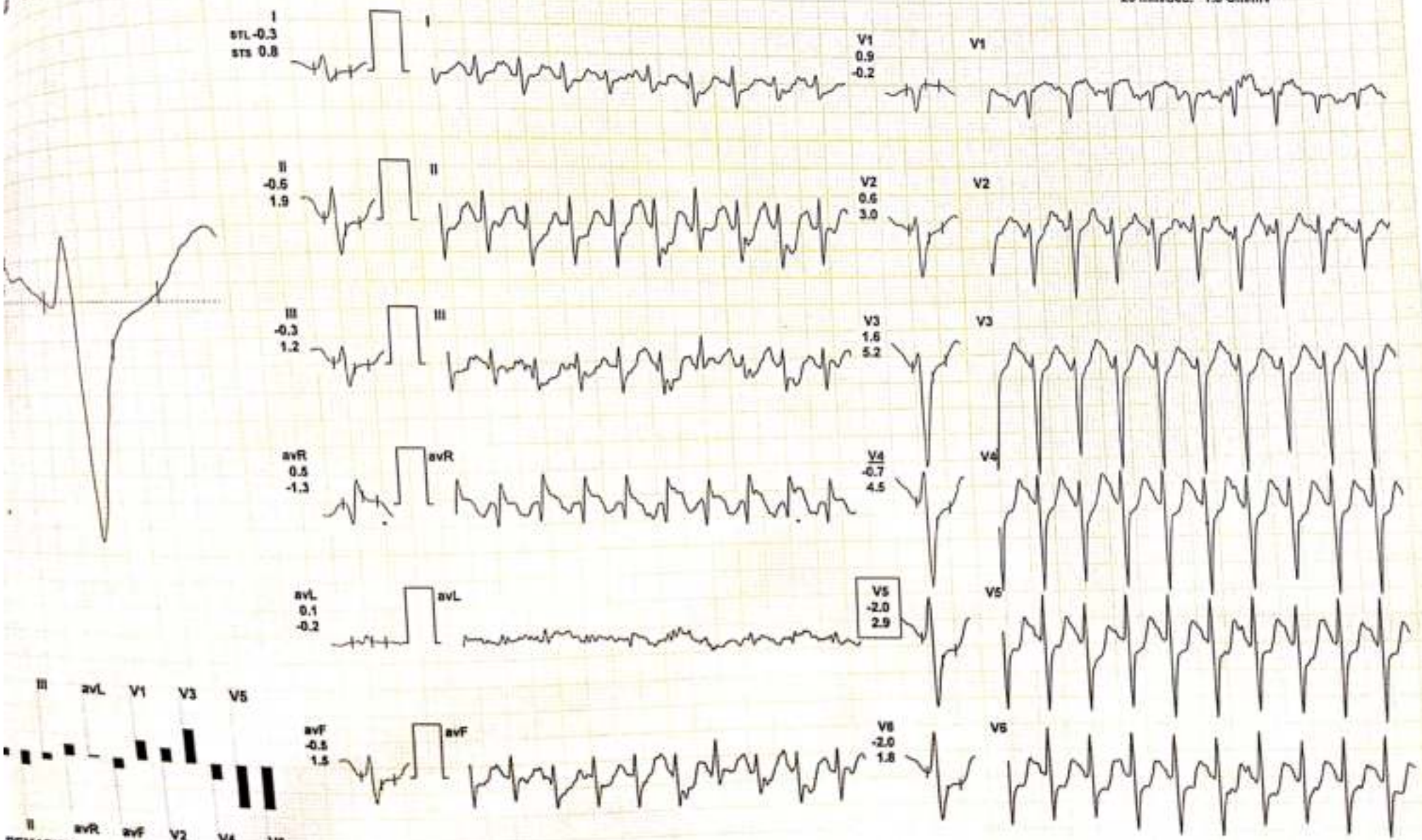


REMARKS:



01.02.53 PM METS: 10.2/ 193 bpm 117% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 09:00 3.4 mph, 14.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:



PHYSICIAN

KANT AMRESH / 55 Yrs / M / 162 Cms / 68 Kg / HR : 194

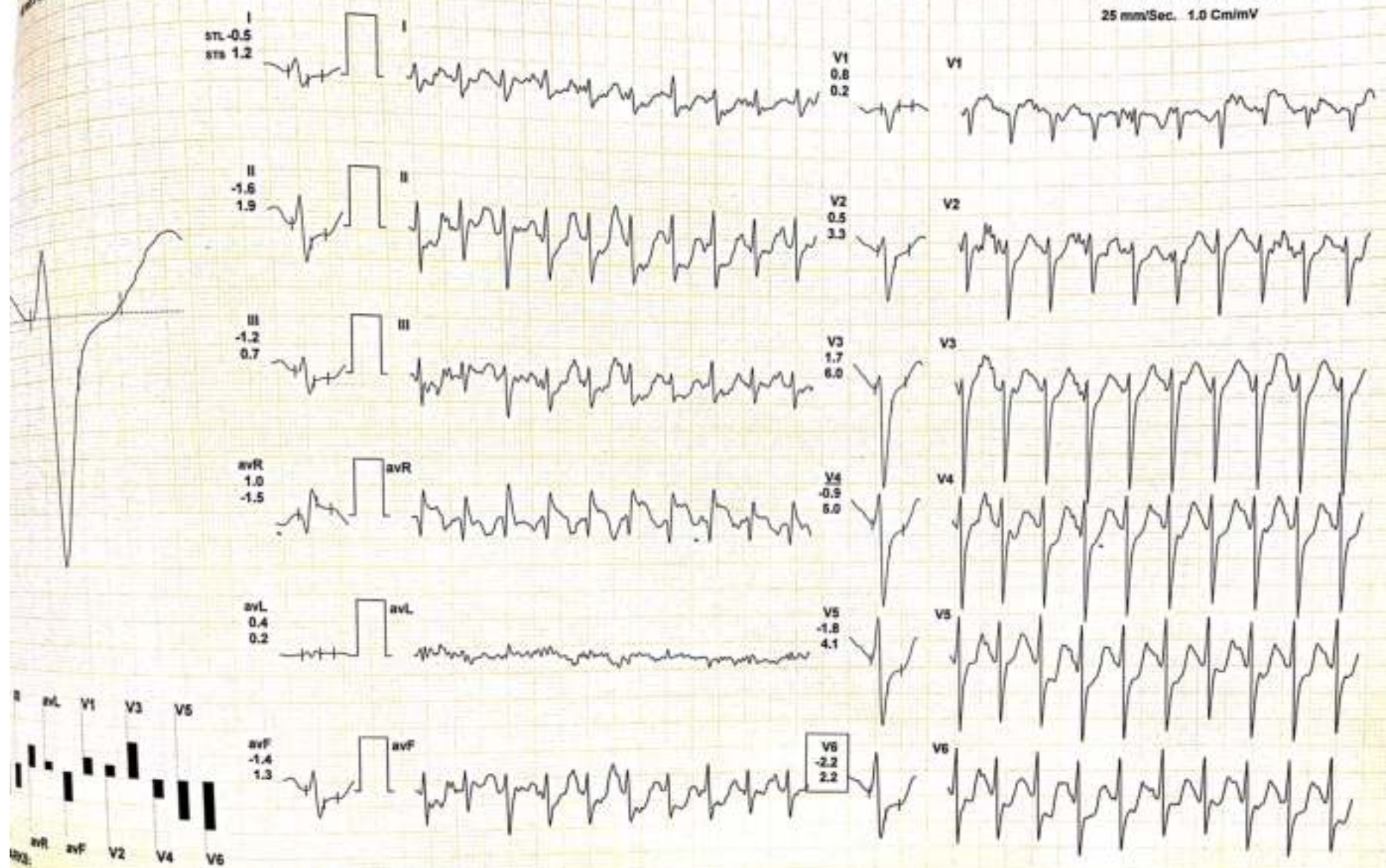
10:02:30 PM METS: 10.4/ 194 bpm 118% of THR BP: 130/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

PeakEx



ExTime: 09:08 4.2 mph, 16.0%  
25 mm/Sec. 1.0 Cm/mV



(GEM214191125)(A)Allengers



CARE

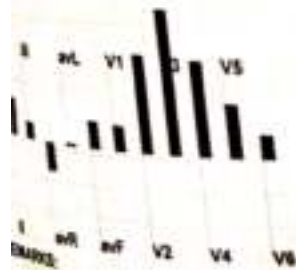
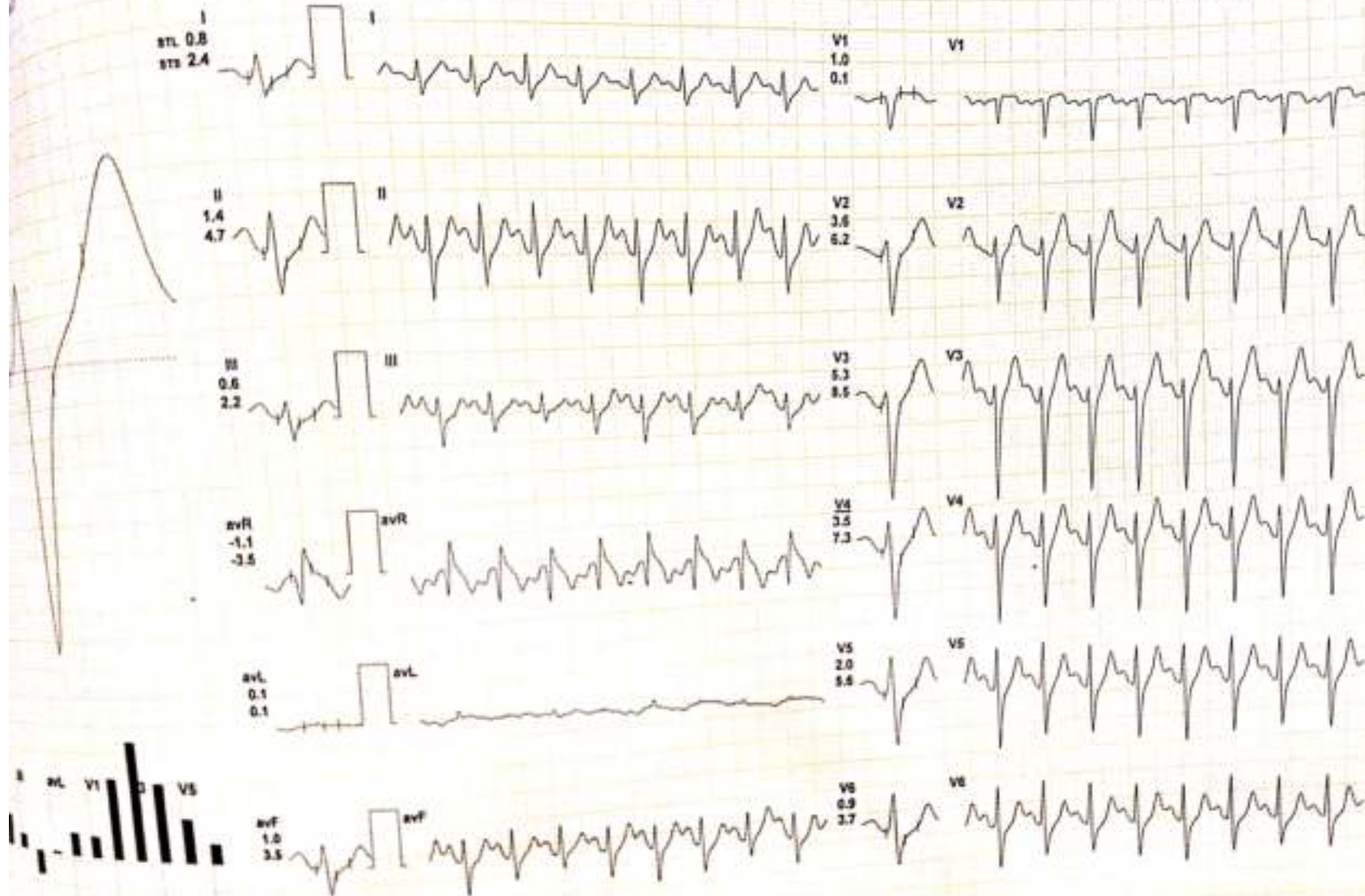
AMRESH / 55 Yrs / M / 162 Cms / 68 Kg / HR : 167

Recovery : ( 01:00 )



METS: 4.2/ 167 bpm 101% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 09:08 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



(GEM214191125)(A)Allengers



ARDIAC CARE  
RAVI KANT AMRESH / 55 Yrs / M / 162 Cms / 68 Kg / HR : 146

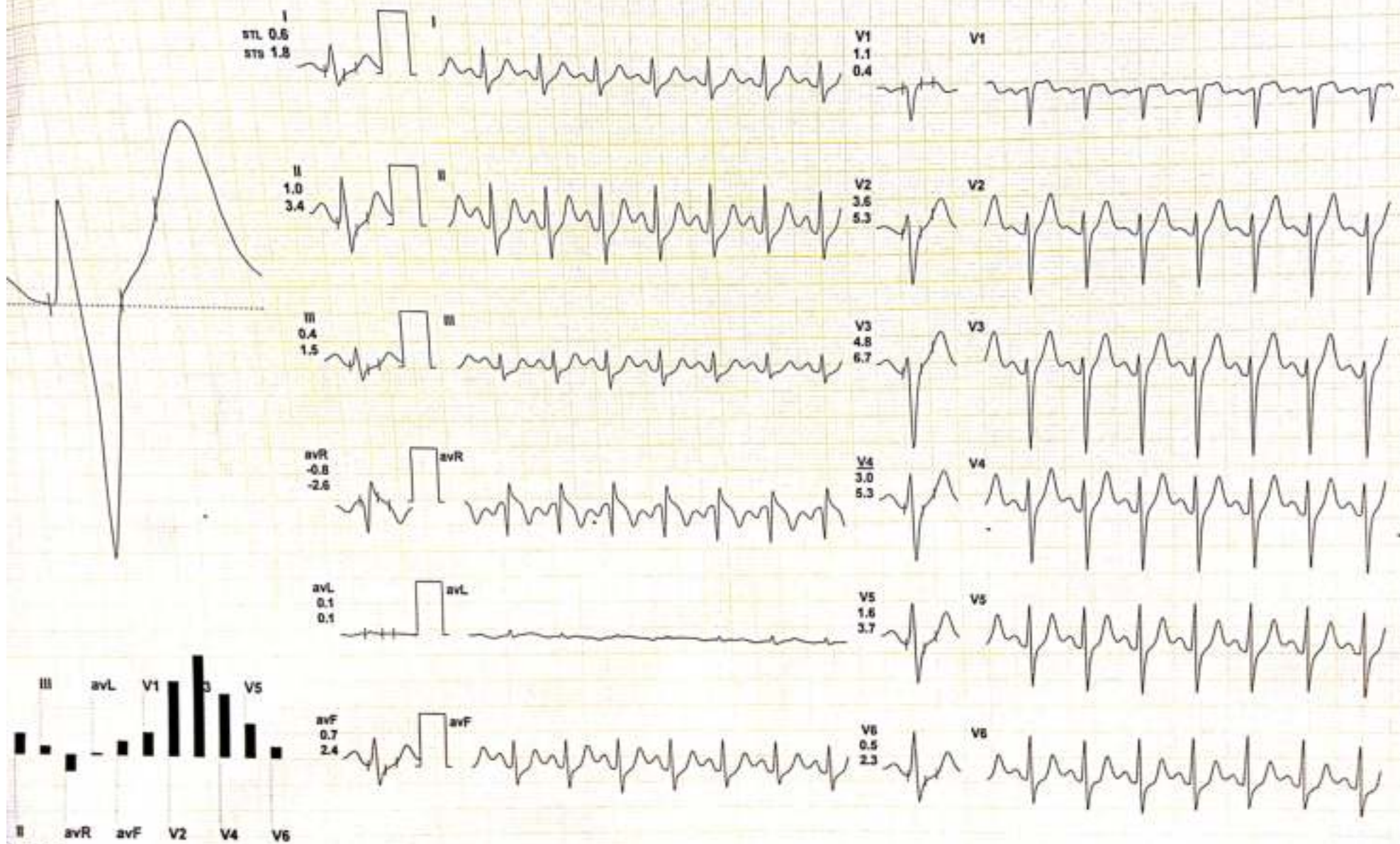
Recovery : ( 02:00 )



2023 01:02:53 PM METS: 1.0/ 146 bpm 88% of THR BP: 128/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 09:08 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:



CARDIAC CARE

P. RAVI KANT AMRESH / 55 Yrs / M / 162 Cms / 68 Kg / HR : 133

Recovery : ( 03:00 )

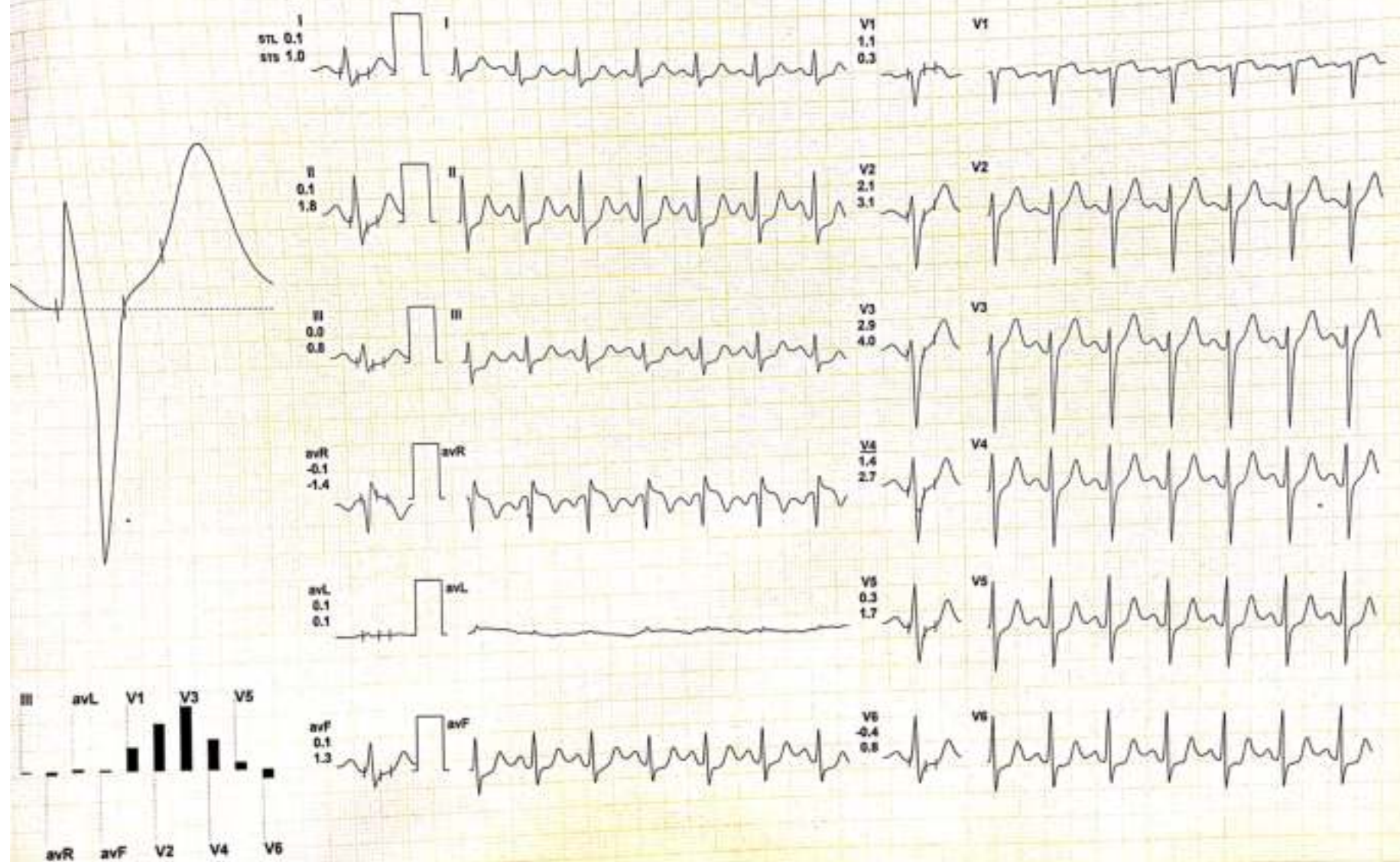


01:02:53 PM METS: 1.0/ 133 bpm 81% of THR BP: 125/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 09:08 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

40 ms Post J



RKS:

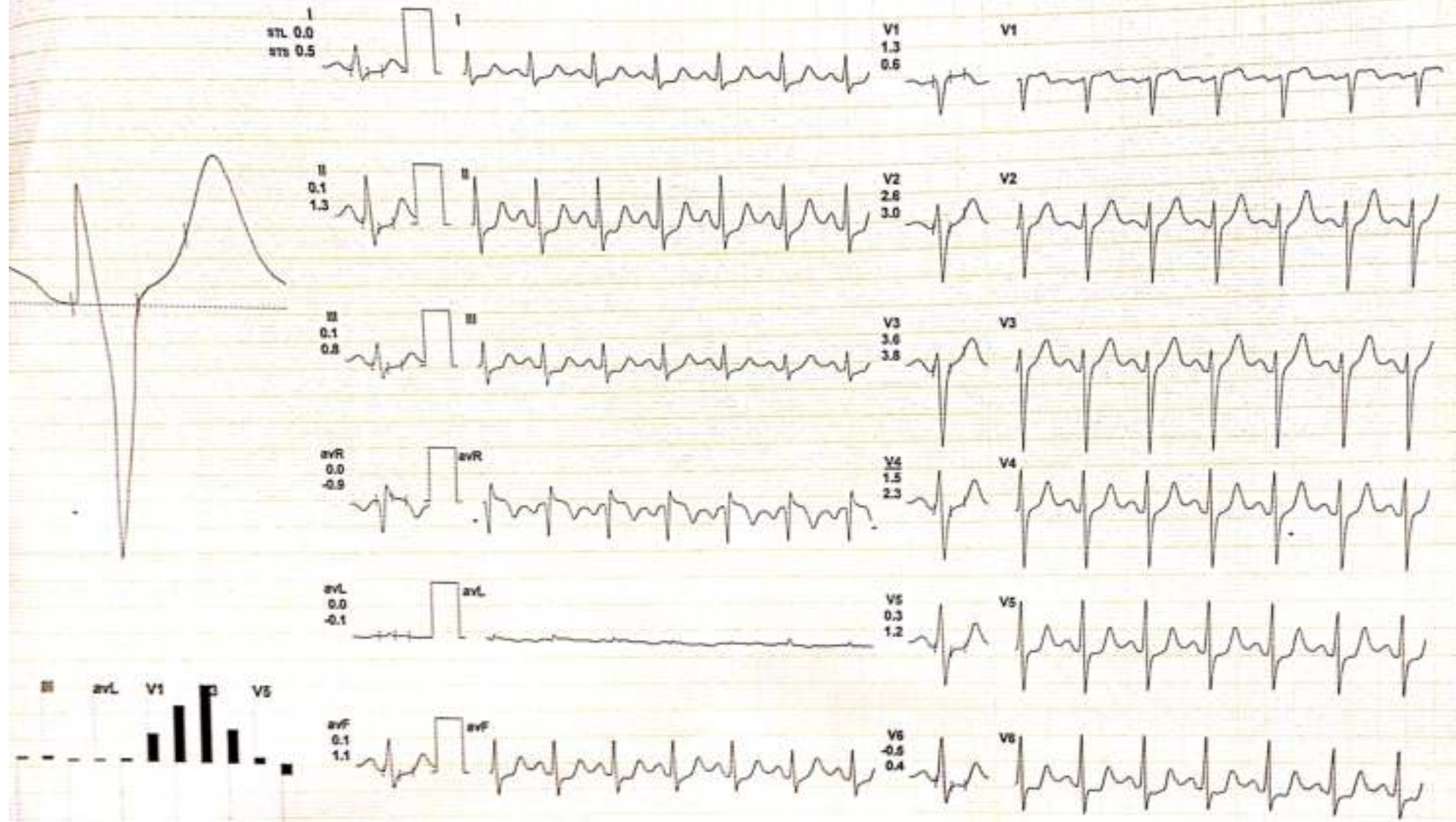
(GEM214191125)(A)Allengers





01-2023 01:02:53 PM METS: 1.0/ 130 bpm 79% of THR BP: 125/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz  
MI m5 Post J

ExTime: 09:08 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



MARKS: