 बैंक ऑफ बड़ोदा
Bank of Baroda



नाम
Name **Sachin Singh**

कर्मचारी कूट नं.
E.C. No. **77717**

Gulshree

जारीकर्ता प्राधिकारी (D.R.B.)
Issuing Authority (D.R.B.)



Si

सचिन डी. गुलश्री
Sachin D. Gulshree

ES



Government of India



सूचना

- आघार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाईन ऑथेन्टीकेशन द्वारा प्राप्त करें।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- आघार देश भर में मान्य है।
- आघार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

ॐ११११



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O राम बहादुर, पानी की टंकी के पास, मो. दुर्गा प्रसाद, बीसलपुर, बीसलपुर, पीलीभीत, उत्तर प्रदेश, 262201

Address:
S/O Ram Bahadur, pani ki tanki ke pass, mo. durga prasad, Bisalpur, Bisalpur, Pilibhit, Uttar Pradesh, 262201

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001



भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

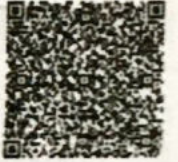
नामांकन क्रम / Enrollment No.: 1207/02688/01370

To
सचिन सिंह
Sachin Singh
S/O Ram Bahadur
pani ki tanki ke pass mo. durga prasad Bisalpur
Bisalpur Pilibhit
Uttar Pradesh 262201

3597538



UH035975586IN



आपका आधार क्रम

Your Aadhaar No. :

9608 6225 7962

आधार — आम आदमी का अधिकार

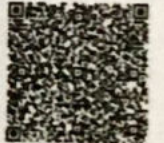


भारत सरकार
GOVERNMENT OF INDIA



सचिन सिंह
Sachin Singh
जन्म वर्ष / Year of Birth : 1974
पुरुष / Male

9608 6225 7962



आधार — आम आदमी का अधिकार

10mm/mV 25mm/sec \approx 25Hz

CARDIART BPL CARDIART 6188T

10mm/mV 25mm/sec \approx 25Hz

BPL 6188T

I

II

III

aVR

Pat. ID.

Sachin Singh

10/03/22

Pat. ID.

BPL

10mm/mV 25mm/sec \approx 25Hz

BPL CARDIART 6188T

10mm/mV 25mm/sec \approx 25Hz

BPL CARDIART 6188T

aVL

aVF

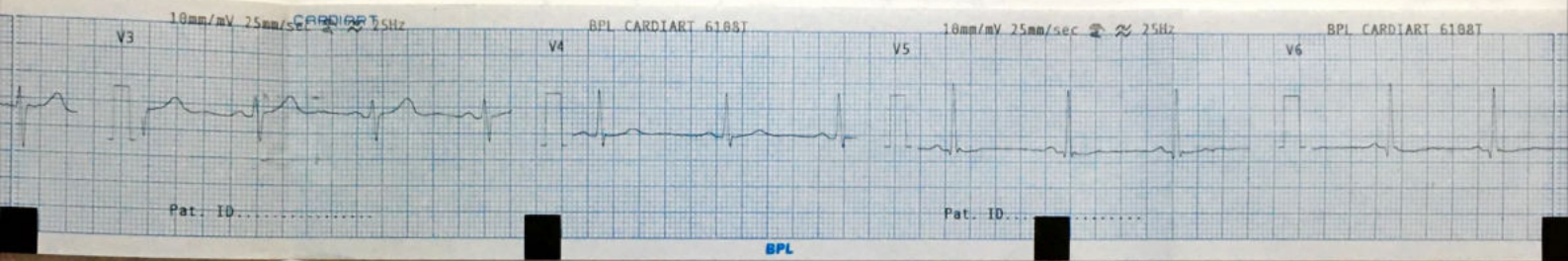
V1

V2

Pat. ID.....

Pat. ID.....

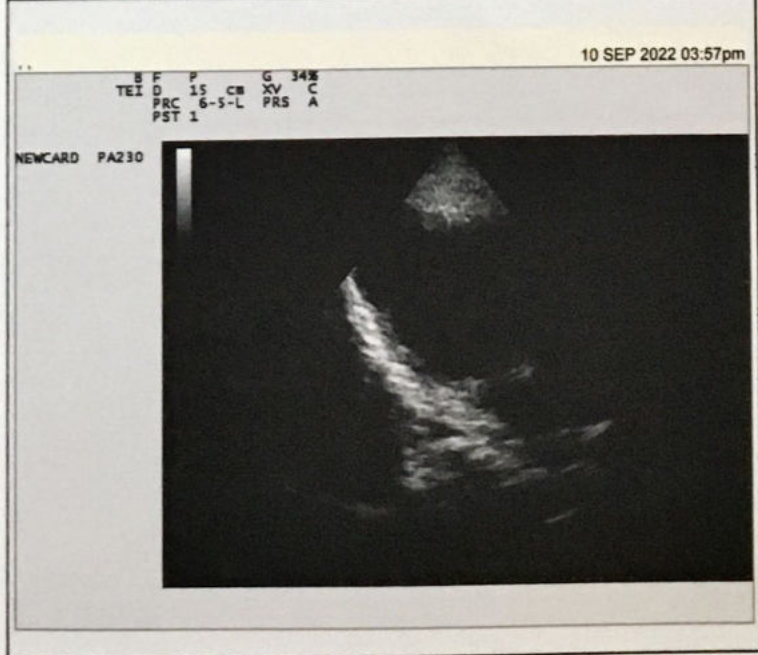
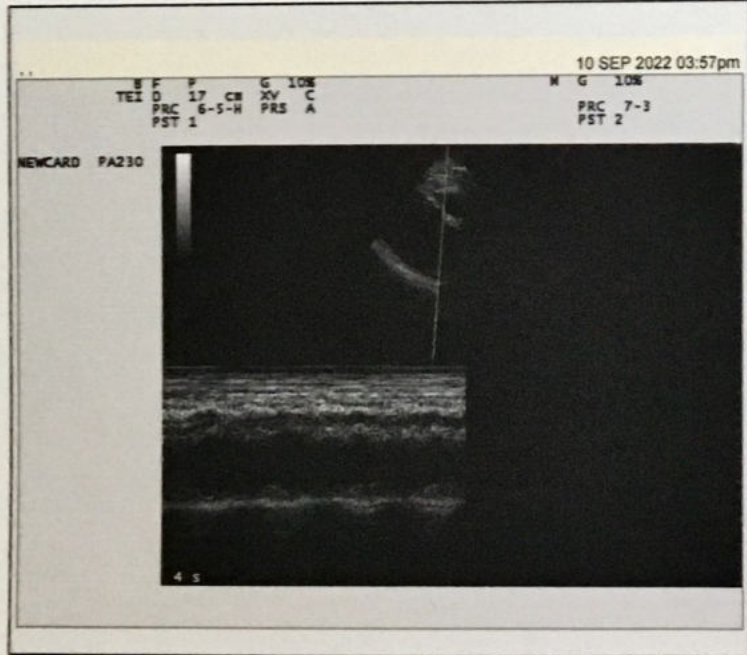
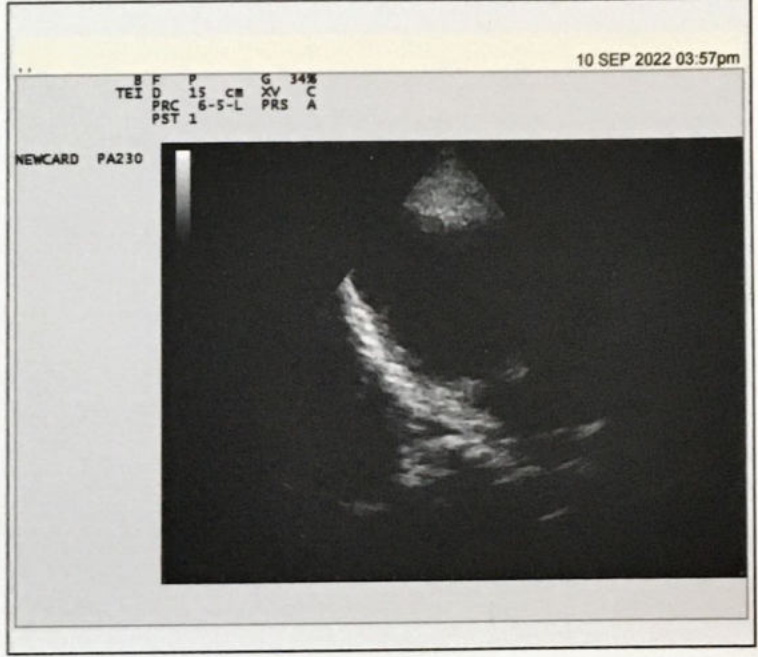
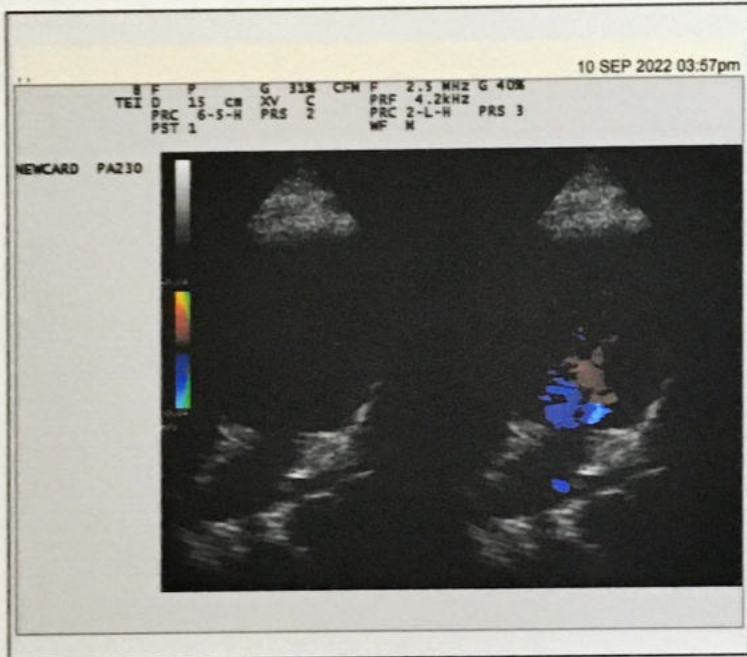
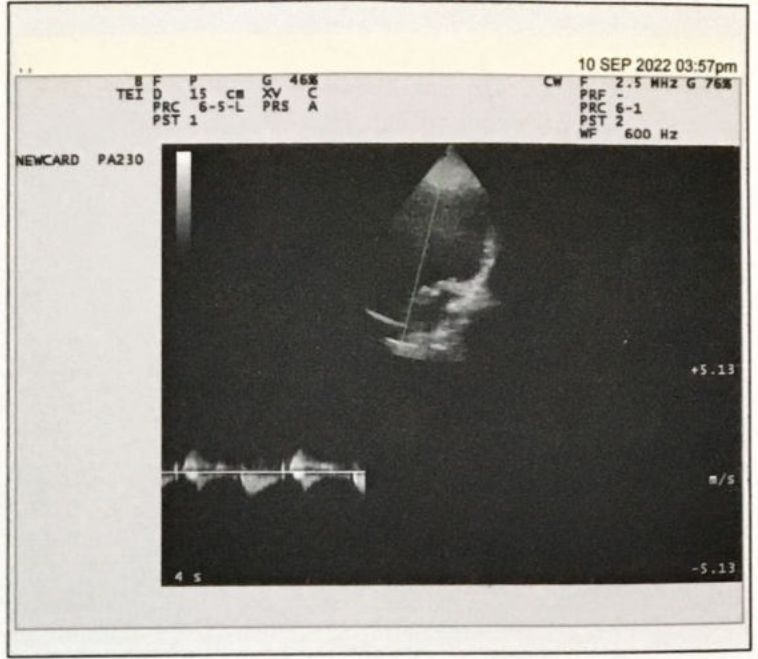
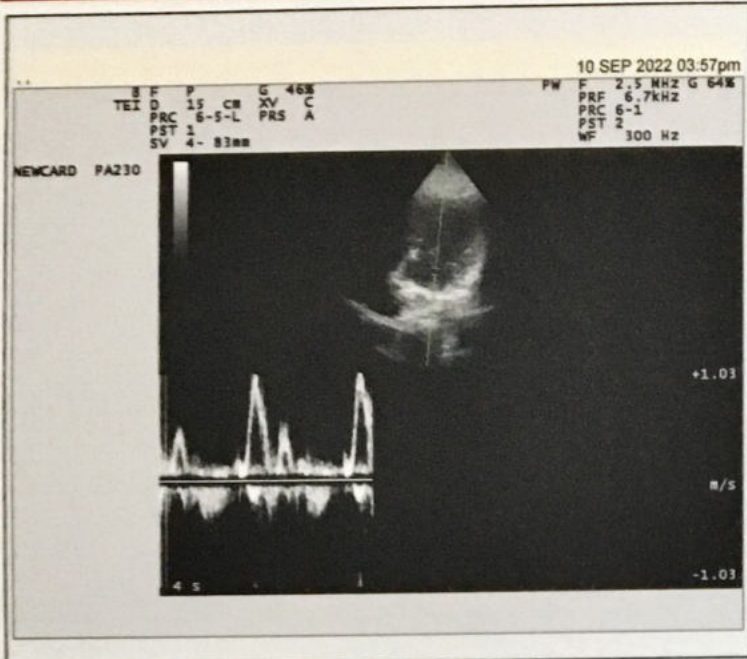
BPL



10/1/75

APPLE CARDIAC CARE, BAREILLY

saote MyLab





NAME	Mr. SACHIN SINGH	AGE/SEX	47 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	10/09/2022

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.6 cm	(3.7 –5.6 cm)
LVID (s)	2.6 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	2.2 cm	(2.2 –3.7 cm)
LA	3.0 cm	(1.9 –4.0 cm)
<u>LV FUNCTION</u>		
EF	60 %	(54 –76 %)
FS	30 %	(25 –44 %)

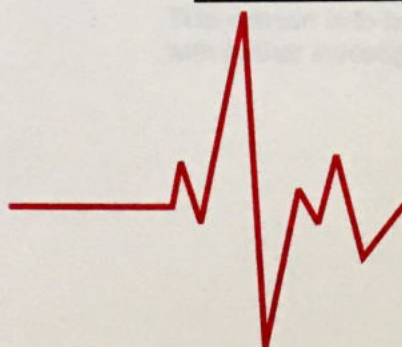
LEFT VENTRICLE : No regional wall motion abnormality
 No concentric left Ventricle Hypertrophy

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



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:

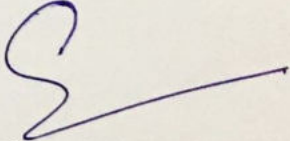
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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

10/9/22

SACHIN DM

b

120/80
84/72
92

Sp. Oxygen - 95

- T. Fluoridant 40

- 9

1mm Q

1mm 6/4/2
Q

contd OKA

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

VALID FOR 5 DAYS.

पर्चा पाँच दिन के लिये मान्य

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. : 208
NAME : **Mr. SACHIN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **10/09/2022**
AGE : 47 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.7	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,500	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	68	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.92	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	43.5	%	35-54
M C V	88.4	fL	76-96
M C H	27.8	pg	27.00-32.00
M C H C	31.5	g/dl	30.50-34.50
PLATELET COUNT	2.30	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	6.6		

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

Reg.NO. : 208
 NAME : **Mr. SACHIN SINGH**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **10/09/2022**
 AGE : 47 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	113	mg/dl	60-100

BIOCHEMICAL

Prostatic Specific Antigen	2.2	ng/ml	0-4
----------------------------	------------	-------	-----

Prostatic Specific Antigen (P.S.A)

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

* Quality controlled report with external quality assurance

BIOCHEMISTRY

SERUM CREATININE	1.0	mg/dL.	0.5-1.4
------------------	------------	--------	---------

BLOOD UREA	24	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.

URIC ACID	8.0	mg/dl	0-8
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CLINICAL SIGNIFICANCE:

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

Reg.NO. : 208
 NAME : **Mr. SACHIN SINGH**
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 SAMPLE : BLOOD

DATE : **10/09/2022**
 AGE : 47 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
SERUM SODIUM (Na)	135		
SERUM POTASSIUM (K)	4.7	m Eq/litre.	135 - 155
SERUM CALCIUM	9.2	m Eq/litre.	3.5 - 5.5
LIVER PROFILE		mg/dl	8.5 - 10.5
SERUM BILIRUBIN			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.8	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.7	Gm/dL	2.3 - 3.5
A : G Ratio	1.52		0.0-2.0
SGOT	39	IU/L	0-40
SGPT	34	IU/L	0-40
SERUM ALK.PHOSPHATASE	75	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.

HAEMATOLOGY

Reg.NO. : 208
 NAME : **Mr. SACHIN SINGH**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **10/09/2022**
 AGE : 47 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
TRANSPARENCY			
Volume	25	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	2-3	/H.P.F.	
Epithelial Cells	0-1	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS			
Bacteria	NIL		
Other	NIL		

venture of Apple Cardiac Care
3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



Reg.NO. : 208
NAME : **Mr. SACHIN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **10/09/2022**
AGE : 47 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	179	mg/dl	80-140

--{End of Report}--

Shweta

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





Patient ID 102211626
Name Mr. SACHIN SINGH
Sex/Age Male 47 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 10/09/2022 10:33:57
Reported On 10/09/2022 11:13:56

USG WHOLE ABDOMEN

Liver - is normal in size **with diffuse fatty changes**. No IHBRD / focal SOL is seen. PV - normal. Porta hepatitis - normal.

Gall bladder - Normal physiological distension. No calculus in lumen. Wall thickness is normal. CBD - normal.

Pancreas - is normal in thickness and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

Spleen - is normal in size and normal echotexture.

Both kidneys - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder - No calculus is seen in the lumen. Wall is smooth and regular.

Prostate - Size is normal (11cc), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.

Anterior abdominal wall defect of size 5mm is seen in umbilical region with herniation of omentum.


IMPRESSION:

- UMBILICAL HERNIA.
- MILD FATTY LIVER.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***




DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1





Patient ID 102211627
Name Mr. SACHIN SINGH
Sex/Age Male 47 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 10/09/2022 10:36:01
Reported On 10/09/2022 11:15:07


X-RAY CHEST PA VIEW

Trachea is central in position.
Bony cage is normal.
Both hila are normal.
No definite evidence of pleuro pulmonary pathology
Both CP angles are clear.
Cardio - thoracic ratio is within normal limit.
Both diaphragms are normal in position and contour.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***




DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1



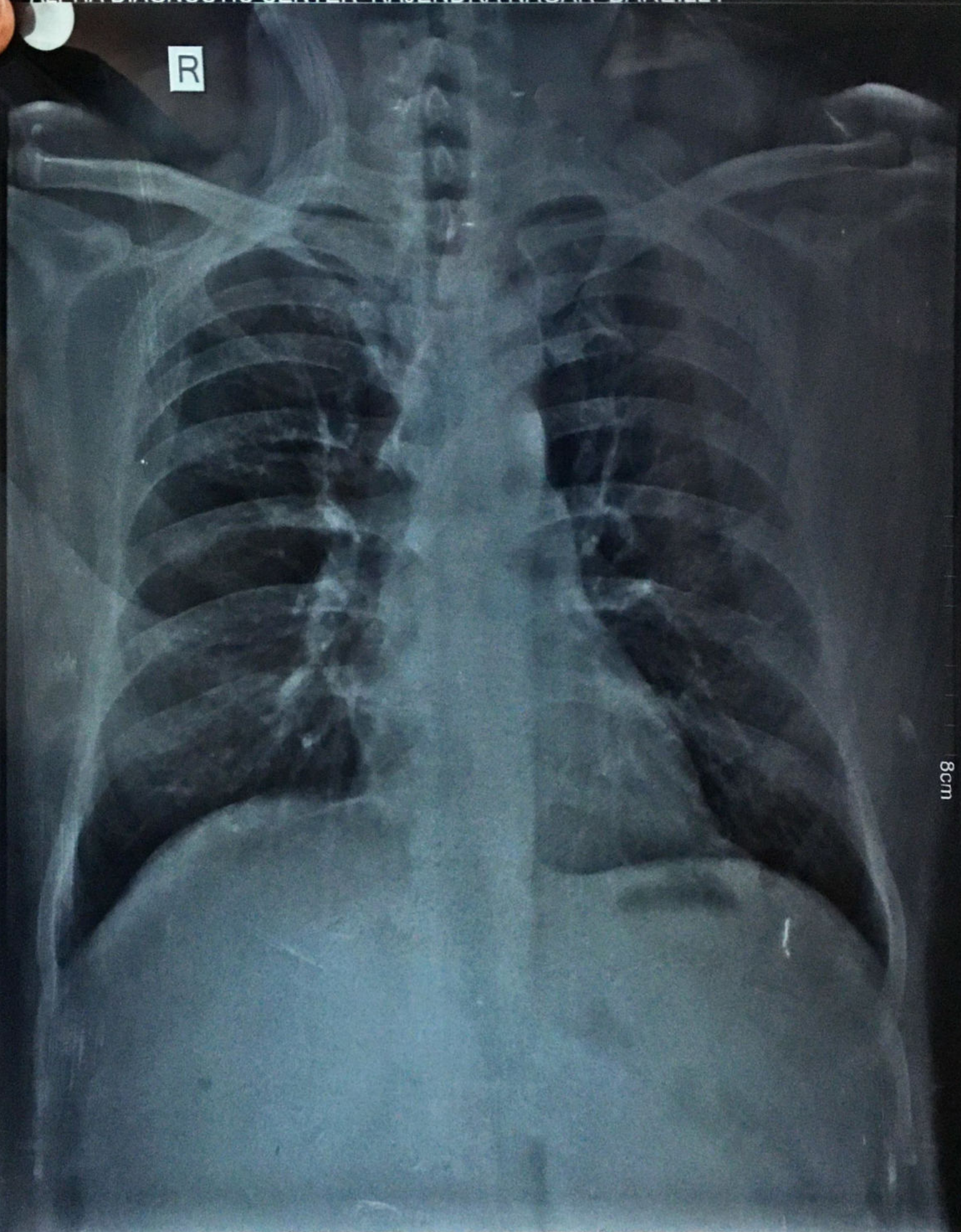
R

8cm

8cm

1894

SACHIN SINGH 47Y Male CHEST 10-09-2022



Dr. Nitin Agarwal

DM (CARDIOLOGY)

NO ADMISSION WITH
PROMOTION
DIN ARA CARA SINGA
BESIDE SUTOPAN
ANTIFUNGUS CHIT DA
VIRAL CELL NUMBER
MONEY 2000 IN SINGA
SINGA DE AT SINGA

