

Dr. Nitin Agarwal
DM (CARDIOLOGY)

NO ADMISSION
PERMISSION
We are
REF
SW
VI
20





भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
घर/निर्माण: 3, सड़क/मार्ग/गली: शिव
सागर आवास, स्थान चिह्न: 97
प्रेमनगर, गांव/कस्बा/शहर: बरेली,
पोस्ट ऑफिस: बरेली, राज्य: उत्तर
प्रदेश, पिन कोड: 243001

Address:
House/Bldg./Apt.: 3,
Street/Road/Lane: SHIV SAGAR
AVAS, Landmark: 97
PREMNAGAR, Village/Town/City:
Bareilly, P.O.: Bareilly, State: Uttar
Pradesh, PinCode: 243001

3145 2972 0778



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*For Mandatory Health checkup
only*

JS



भारत सरकार
Government of India



मनप्रीत सिंह
Manpreet Singh
पिता : स्व लाजपाल सिंह
Father : Late Lajpal Singh
जन्म तिथि / DOB : 29/07/1963
पुरुष / Male



3145 2972 0778

आधार - आम आदमी का अधिकार

PatientID 0007

ExamID 3581

NAME Manpreet Singh

Date 09/21/2022

591m

Time 12:17

ExamTime 77:03

(VD = 13.75 mm)

----- MANIFEST -----

	SPH	CYL	AXS
<R>	-1.00	-0.25	90
<L>	-0.25	0.00	180
<FAR VA>			
	R	R+L	L

<ADD>

	R	L	
	+2.25	+2.25	
<NEAR VA>			
	R	R+L	L

----- RM DATA -----

	SPH	CYL	AXS
<R>	-2.25	+0.25	43
<L>	-0.50	+0.25	153
<FAR VA>			
	R	R+L	L

FAR PD = 57.0 mm

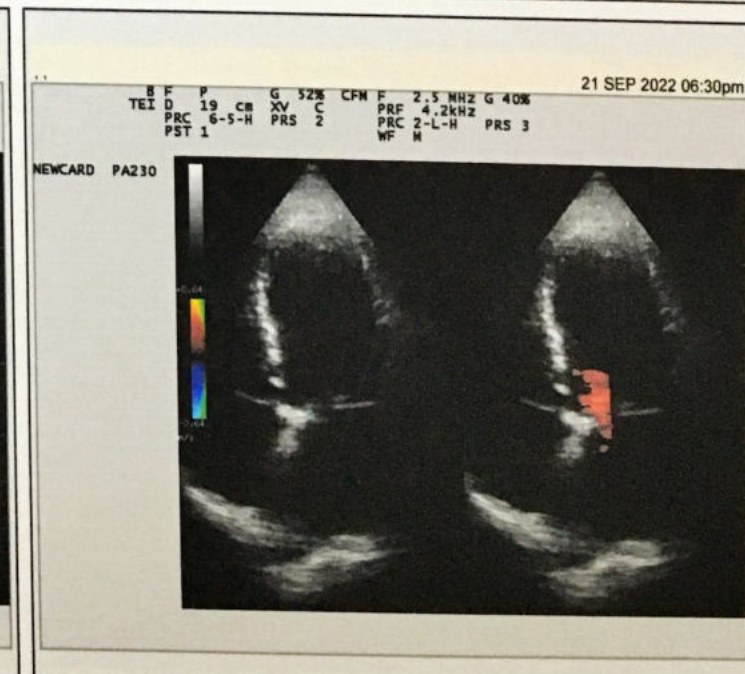
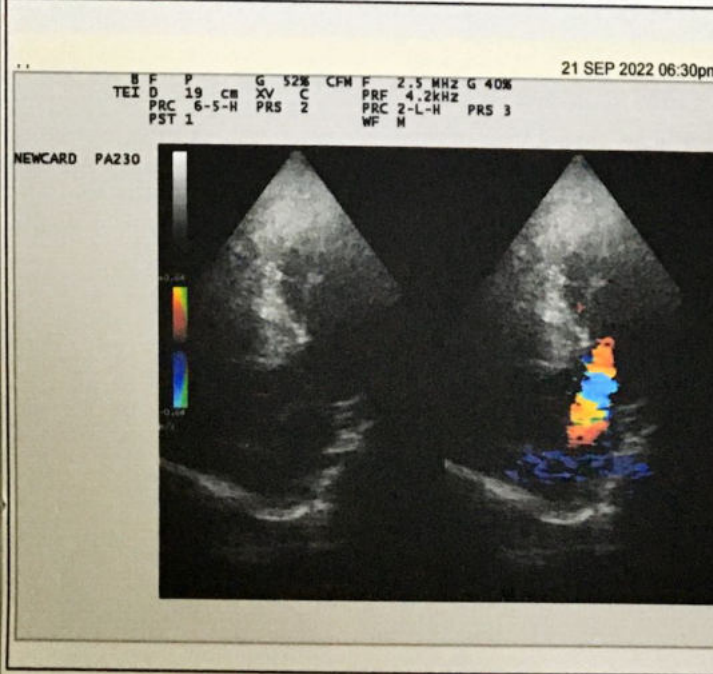
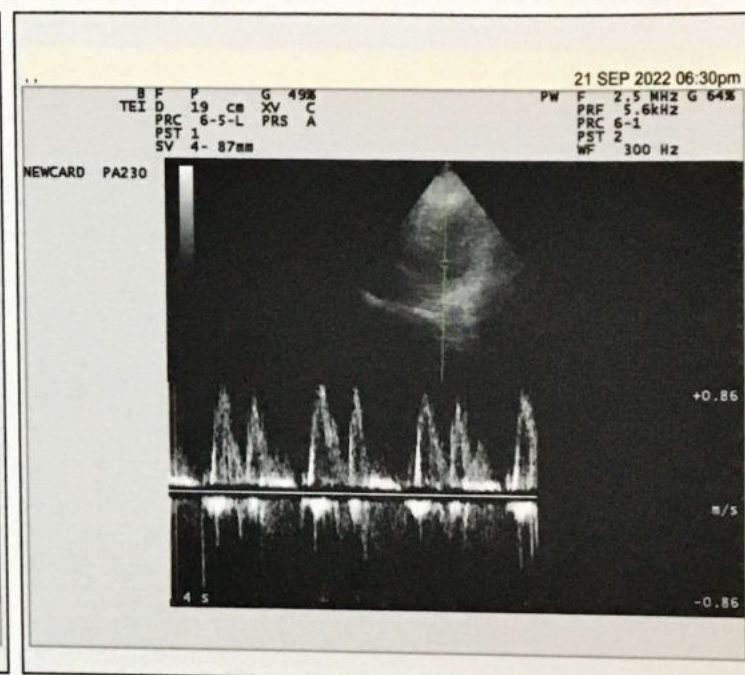
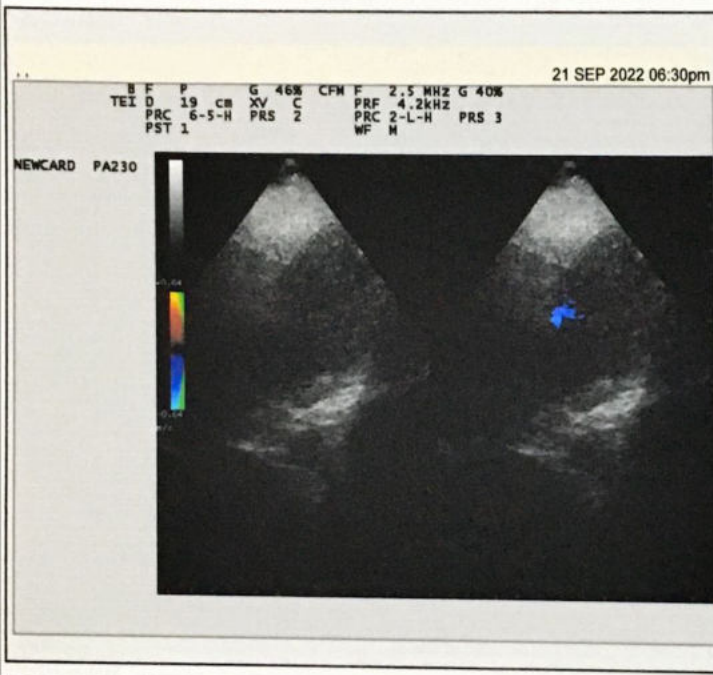
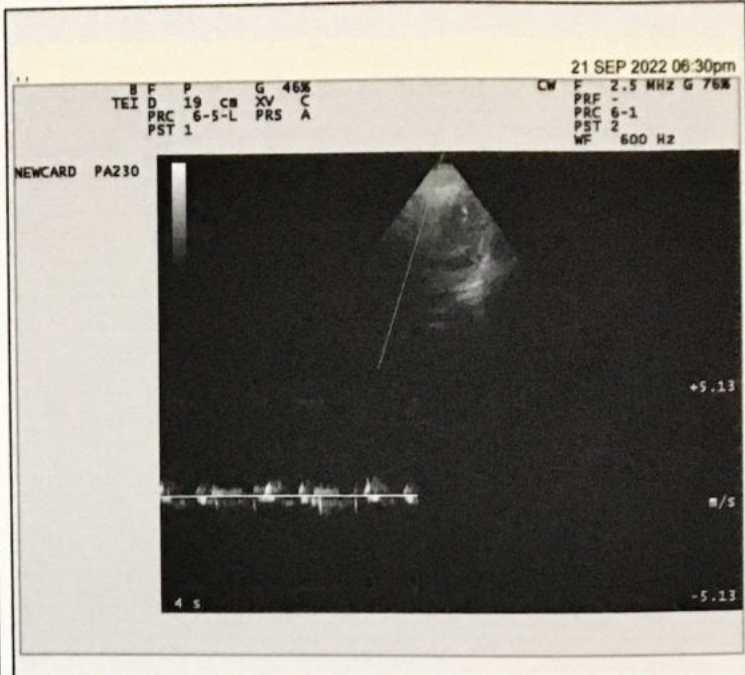
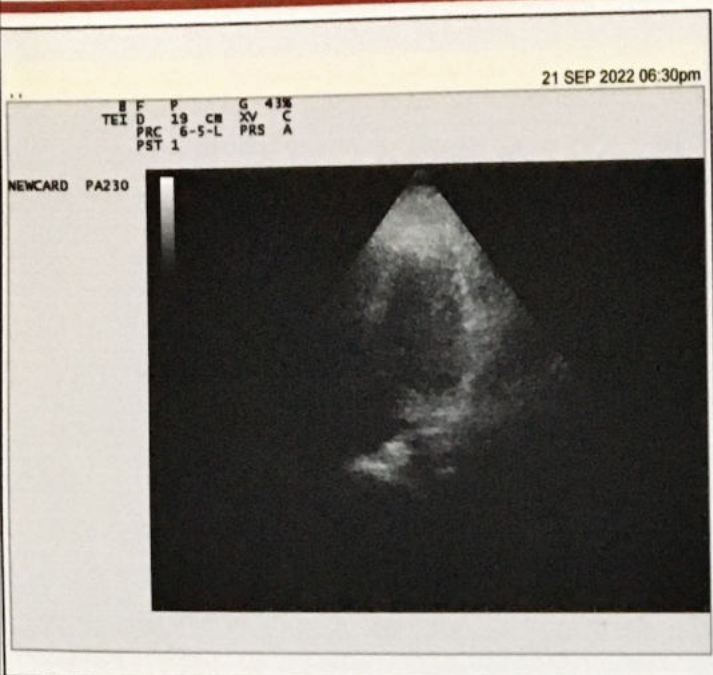
NEAR PD = 65.0 mm

TOPCON CV-5000

Manpreet Singh 59/m

$DV_h \left\{ \begin{array}{l} G118 \\ G16P \end{array} \right.$ $G19$ $-1.00M$ $—$ $G16$
plane $-0.25DS$ $—$ $G16$

$NV_h \left\{ \begin{array}{l} GP \\ 12 \end{array} \right.$ G $+2.25$ $\left. \begin{array}{l} \\ \end{array} \right\}$ Add G
 G $+2.25$ $\left. \begin{array}{l} \\ \end{array} \right\}$ Add G



NAME	Mr. MANPREET SINGH	AGE/SEX	59 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	21/09/2022

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	5.1 cm	(3.7 –5.6 cm)
LVID (s)	3.0 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	2.5 cm	(2.2 –3.7 cm)
LA	3.4 cm	(1.9 –4.0 cm)
<u>LV FUNCTION</u>		
EF	55 %	(54 –76 %)
FS	27 %	(25 –44 %)

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

MITRAL VALVE : Mild MR

TRICUSPID VALVE : Thin, opening wells. No calcification, No doming .
 No Prolapse.
 Tricuspid inflow velocity= 0.7 m/sec

AORTIC VALVE : Aortic sclerosis
 Mild AR
 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 :

- **Mild mitral regurgitation**
- No tricuspid regurgitation
- **Mild aortic regurgitation**
- No pulmonary regurgitation

MITRAL FLOW

E= 0.6 m/sec

A= 0.8 m/sec

ON COLOUR FLOW:

- **Mild mitral regurgitation**
- No tricuspid regurgitation
- **Mild 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

- **MILD MR, MILD AR, AORTIC SCLEROSIS**
- **NO REGIONAL WALL MOTION ABNORMALITY**
- **GRADE I LV DIASTOLIC DYSFUNCTION**
- **NORMAL LV SYSTOLIC FUNCTION (LVEF~55%)**
- **NORMAL CARDIAC CHAMBER DIMENSIONS**

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.

A Venture of Apple Cardiac Care

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



Reg.NO. : 399
NAME : **Mr. MANPREET SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **21/09/2022**
AGE : 59 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.1	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	8,200	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	33	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.26	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	44.6	%	35-54
M C V	84.8	fL	76-96
M C H	27.8	pg	27.00-32.00
M C H C	31.6	g/dl	30.50-34.50
PLATELET COUNT	1.99	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
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	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.	71	mg/dl	60-100
BLOOD UREA	38	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 imparement 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	1.4	mg/dL.	0.5-1.4
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DATE : **21/09/2022**
AGE : 59 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URIC ACID	4.6	mg/dl	0-8

CLINICAL SIGNIFICANCE:

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

LIVER PROFILE

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	6.5	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.71		0.0-2.0
SGOT	34	IU/L	0-40
SGPT	22	IU/L	0-40
SERUM ALK.PHOSPHATASE	77	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	151	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	119	mg/dl.	30 - 160
HDL CHOLESTEROL	59	mg/dL.	30-70
VLDL CHOLESTEROL	23.8	mg/dL.	15 - 40
LDL CHOLESTEROL	68.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	2.56	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.16	mg/dl	

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) 28 U/L 7-32

BIOCHEMICAL

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DATE : **21/09/2022**
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
Prostatic Specific Antigen	1.8	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

URINE EXAMINATION

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APPLE
PATHOLOGY
 TRUSTED RESULT

Reg.NO. : 399
 NAME : **Mr. MANPREET SINGH**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **21/09/2022**
 AGE : 59 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	30	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
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	2-3	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		

Venture of Apple Cardiac Care
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SAMPLE : BLOOD

DATE : **21/09/2022**
AGE : 59 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	90	mg/dl	80-140

--{End of Report}--

Shweta

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



Visit ID : MBAR23385	Registration : 21/Sep/2022 05:35PM
UHID/MR No : ABAR.0000023381	Collected : 21/Sep/2022 05:46PM
Patient Name : Mr.MANPREET SINGH	Received : 21/Sep/2022 05:48PM
Age/Gender : 59 Y 0 M 0 D /M	Reported : 21/Sep/2022 06:32PM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240,Sanjay Nagar Bareilly (UP)	Barcode No : A3186235

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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TSH - ULTRASENSITIVE

Sample Type : Serum

Ultrasensitive TSH	9.877	uIU/mL	0.55-4.78	CLIA
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INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
9. REFERENCE RANGE :

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

Age	Ultrasensitive TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

Comments :

1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***

Miti

Dr. Miti Gupta
DNB ; MD [Pathology]



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

Mangpreet Singh

~~21/9/22~~

21/04

DM

Sarsarwal's

21/9/22

170/90

70-80

SB

6

T. NIKURAN (S)

T. Euzym (M)

T. Rosuvastatin (S)

T. Metoprolol (S)

T. Sitagliptin (S) M

T. Furosemide (S)

SB Chazi

0

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

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

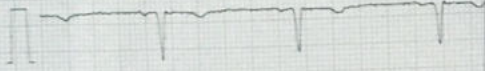
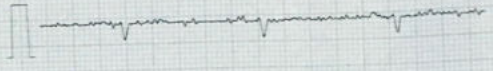
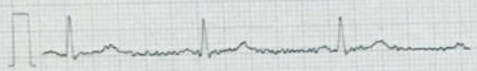
BPL CARDIART 6108T

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

I

II

III



Pat. ID. *manjit Singh*

21/09/2022

Pat. ID.

CARDIART

CARDIART

BPL CARDIART 6108T

aVR



CARDIART

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

aVL



CARDIART

Pat. ID.....

BPL CARDIART 6108T

aVF



CARDIART

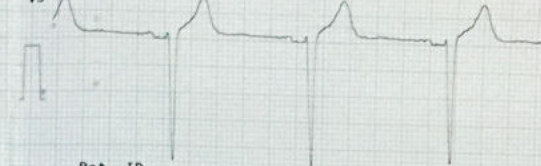
mV 25mm/sec \approx 25Hz

BPL CARDIART 6108T

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

V2

V3



ID.....

Pat. ID.....

CARDIART

CARDIART

CARDIART

BPL CADIART 6108T

10mm/mV 25mm/sec 25Hz

BPL - 02

BPL CADIART 6108T

V4

V5

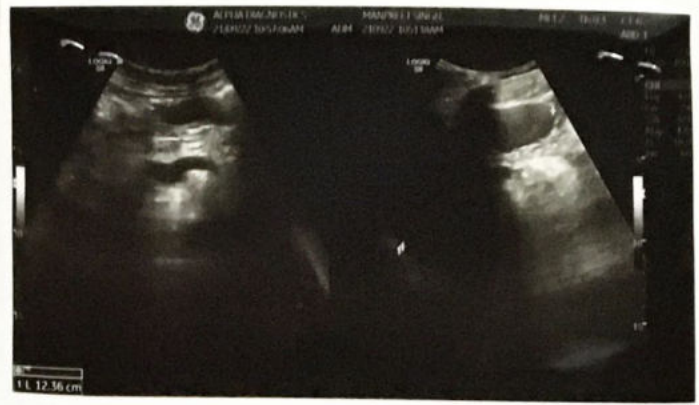
V6

Pat. ID.....

CADIART

CADIART

C





Patient ID 102212386
Name Mr. MANPREET SINGH
Sex/Age Male 59 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 21/09/2022 10:16:48
Reported On 21/09/2022 11:15:13

USG WHOLE ABDOMEN

Highly compromised scan due to significant gaseous abdomen.

Liver - is partially visualized due to gaseous abdomen. Visualized liver appears normal. PV - normal. Porta hepatis - normal.

Gall bladder - is not delineated due to gaseous abdomen. 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 - right kidney measures 8.9 x 4.8cms and left kidney measures 9.4 x 4.0cms **with significant increased cortical echogenicity on both sides s/o .. chronic kidney disease. A 12mm benign cortical cyst is seen at upper pole of right kidney. A 24mm benign cortical cyst is seen at lower pole of left kidney.** No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder - partially distended.

Prostate - is grade II enlarged in size (50cc).

No free fluid is seen in peritoneal cavity.

Significant thinning of lateral abdominal wall is seen in left lower side in post operative scar region. Peritoneal defect can not be measures on USG as it appears large in size. Adv- NCCT abdomen if clinically indicated.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1





Patient ID 102212387
Name Mr. MANPREET SINGH
Sex/Age Male 59 Yrs
Ref. By Dr. NITIN AGARWAL

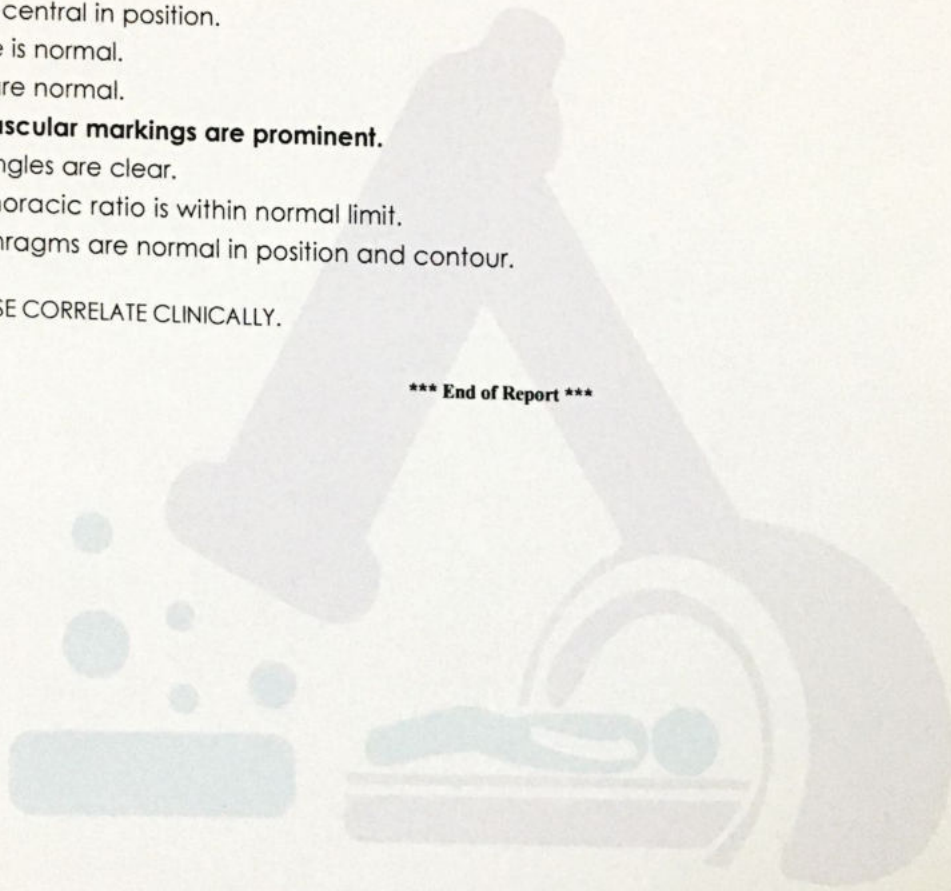
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Reported On 21/09/2022 11:16:02


X-RAY CHEST PA VIEW

Trachea is central in position.
Bony cage is normal.
Both hila are normal.
Bronchovascular markings are prominent.
Both CP angles are clear.
Cardio - thoracic ratio is within normal limit.
Both diaphragms are normal in position and contour.

ADV - PLEASE CORRELATE CLINICALLY.

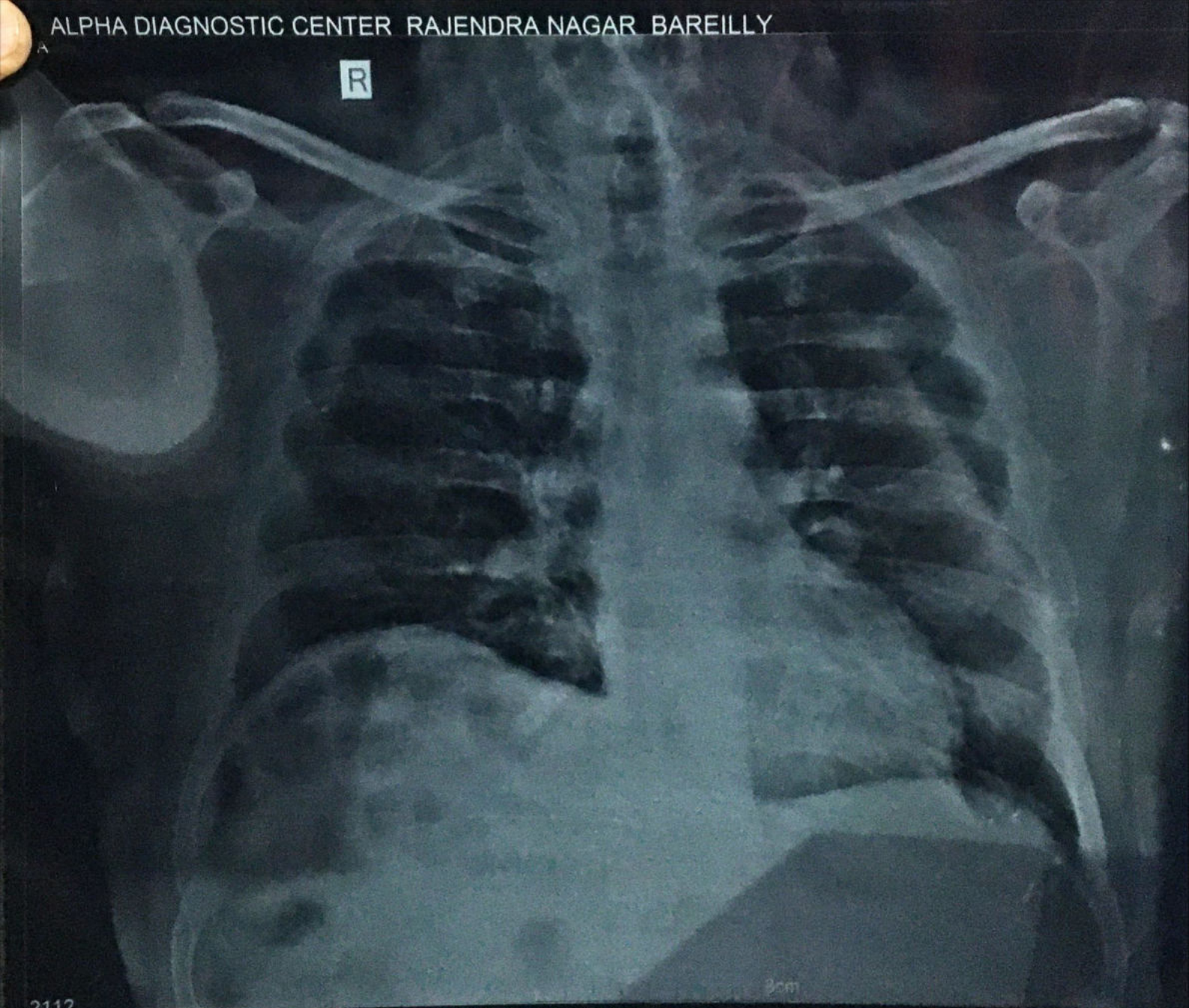
*** End of Report ***




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MANPREET SINGH 59Y Male CHEST 21-09-2022

2cm