

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O हरपाल सिंह, 48-आ वैभव सन सिटी
विस्तार, बरेली, बरेली, उत्तर प्रदेश, 243122
Address: S/O Harpal Singh, 48-A vaibhav
sun city vistar, Bareilly, Bareilly, Uttar
Pradesh, 243122

Print Date: 28/06/2012

6970 4962 6591

1947 help@uidai.gov.in www.uidai.gov.in

भारत सरकार
Government of India

नावल सिंह
Naval Singh
जन्म तिथि / DOB : 30/06/1971
पुरुष / MALE

Issue Date: 24/03/2012

6970 4962 6591

मेरा आधार, मेरी पहचान

Naval Singh

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

NAME
SINHA

Dr. Nitin Agarwal

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140120

1044
55

b

T- 51717x 121

102 140

T- 404x 400

0

122

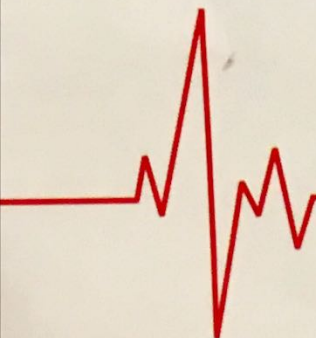
A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

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

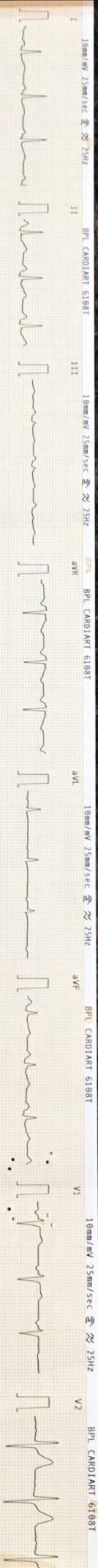


Patient: Dr. Navod Singh
Date: 26/11/20

10000000

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II

III

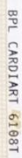
aVR

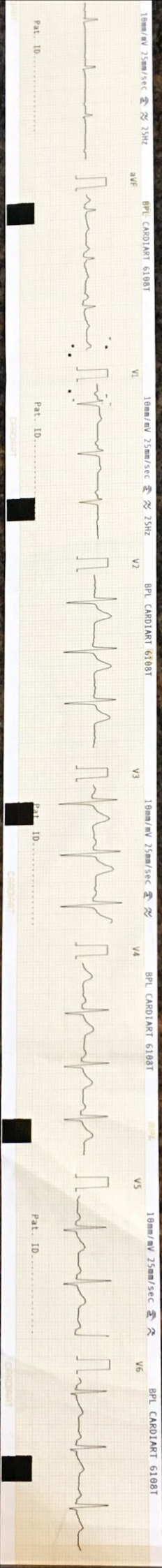
aVL

aVF

VI

V2





PatientID 0009

ExamID 3672

NAME *Naval Singh S11M*

Date 11/26/2022

Time 12:27

ExamTime 70:52

(VD = 13.75 mm)

Refraction

MANIFEST

	SPH	CYL	AXS
<R>	+0.75	0.00	180
<L>	+0.75	0.00	180
<FAR VA>			
	R	R+L	L

<ADD>

	R	L	
	+2.00	+2.00	
<NEAR VA>			
	R	R+L	L

RM DATA

	SPH	CYL	AXS
<R>	+0.75	0.00	180
<L>	+0.75	-0.25	55
<FAR VA>			
	R	R+L	L

FAR PD = 68.0 mm

NEAR PD = 62.0 mm

TOPCON CV-5000

Naval Singh

S11M 26/11/22

DVA $\left\{ \begin{array}{l} 6/9 \\ 6/12 \end{array} \right.$

+0.75PS — 6/6

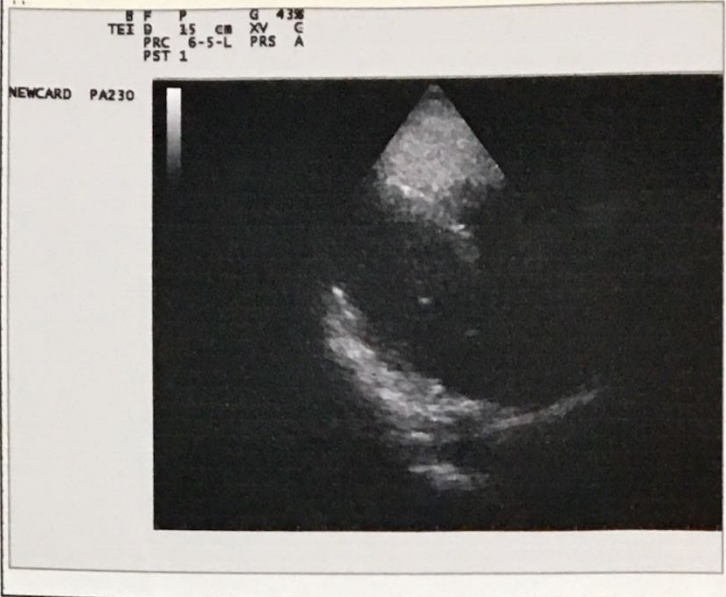
+0.75M — 6/6

MVA $\left\{ \begin{array}{ll} 18 & 9 \\ 24 & 9P \end{array} \right. \left. \begin{array}{l} +2.00 \\ +2.00 \end{array} \right\} \text{Add } \begin{array}{l} 6 \\ 6 \end{array}$

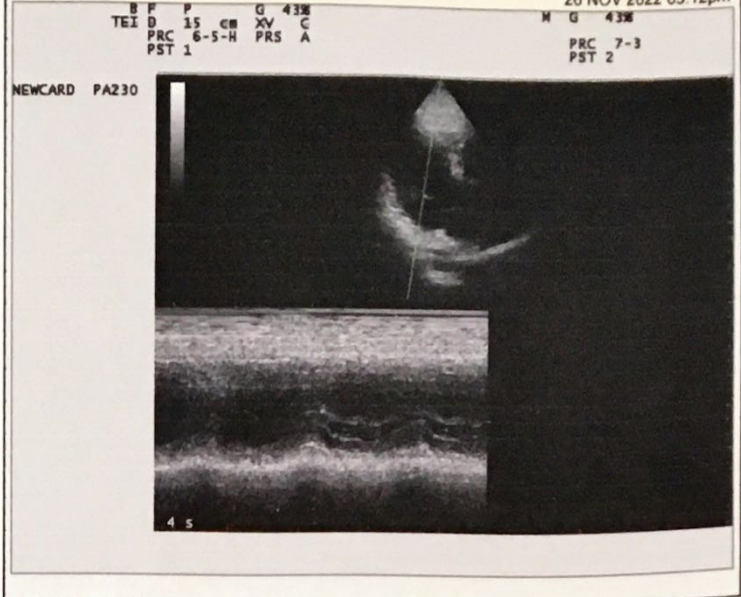
APPLE CARDIAC CARE, BAREILLY

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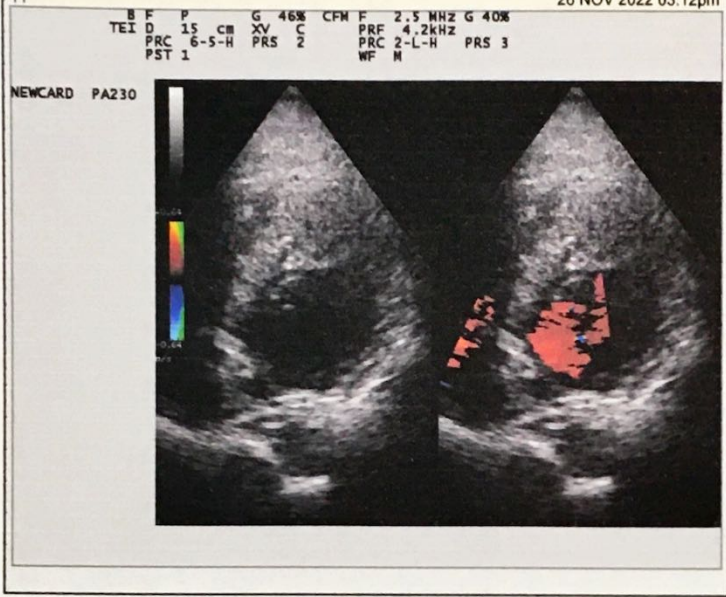
26 NOV 2022 03:12pm



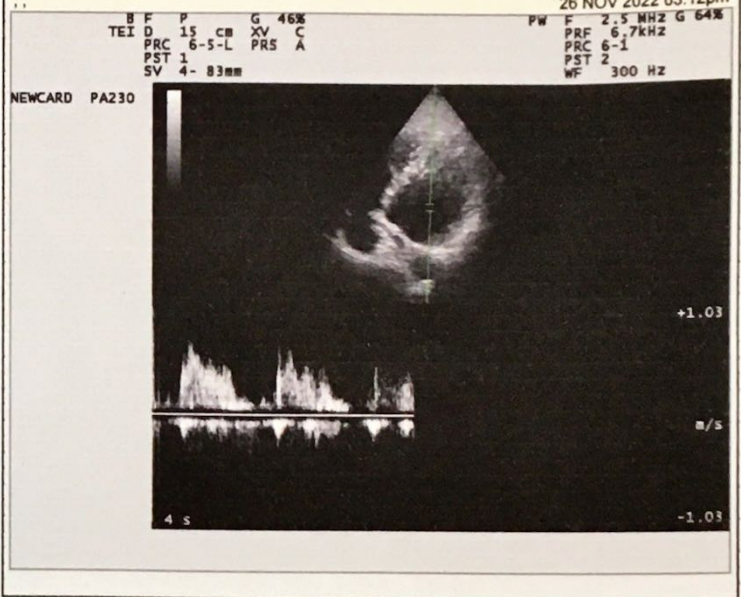
26 NOV 2022 03:12pm



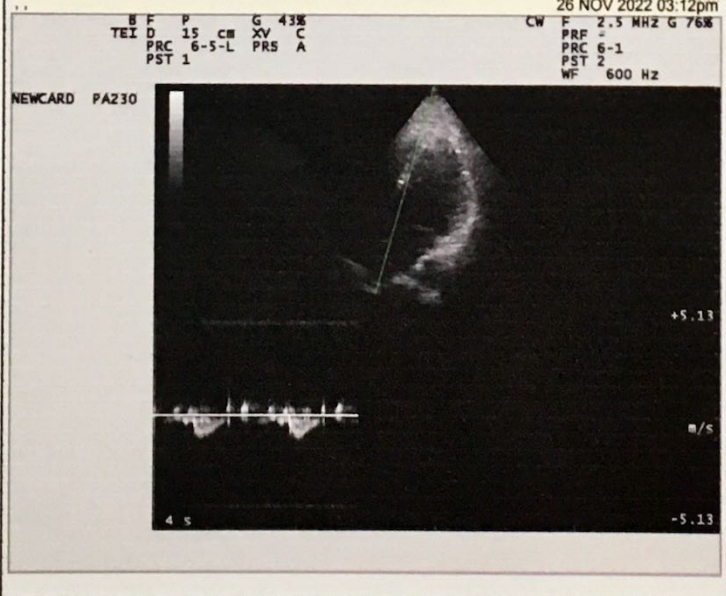
26 NOV 2022 03:12pm



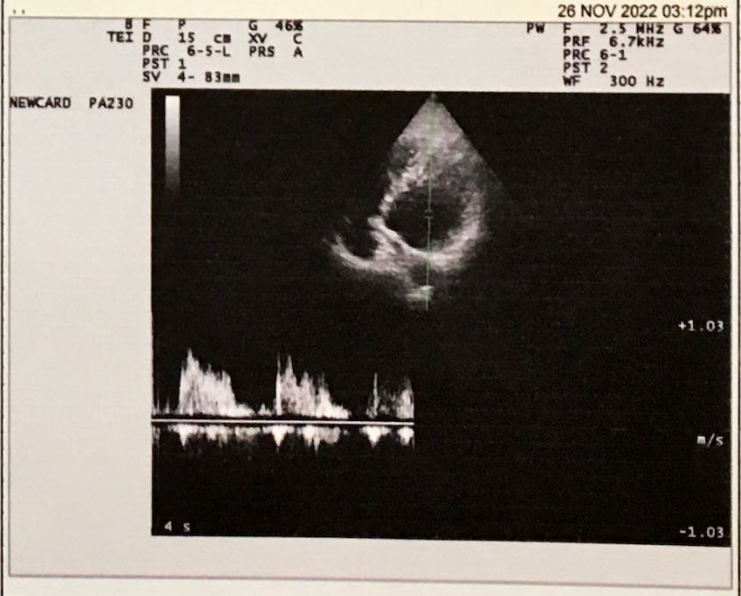
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26 NOV 2022 03:12pm



26 NOV 2022 03:12pm





NAME	Mr. NAVAL SINGH	AGE/SEX	51 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	26/11/2022

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	2.5 cm	(2.2 –3.7 cm)
LA	3.2 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= 0.6 m/sec A= 0.8 m/sec

ON COLOUR FLOW:

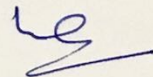
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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.

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. : 183
NAME : **Mr. NAVAL SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **26/11/2022**
AGE : 49 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	15.9	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	8,600	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	5.10	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	46.9	%	35-54
M C V	92.0	fL	76-96
M C H	31.2	pg	27.00-32.00
M C H C	33.9	g/dl	30.50-34.50
PLATELET COUNT	2.39	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	13	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	5.4		

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

Report is not valid for medicolegal purpose

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SAMPLE : BLOOD

DATE : **26/11/2022**
AGE : 49 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	83	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	24	U/L	7-32
BLOOD UREA NITROGEN	18	mg/dL.	5 - 25
SERUM CREATININE	1.1	mg/dL.	0.5-1.4

HAEMATOLOGY

BLOOD GROUP

Blood Group
Rh

B
POSITIVE

BIOCHEMISTRY

URIC ACID 7.0 mg/dl 0-8

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	135	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.8	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.2	mg/dl	8.5 - 10.5

Report is not valid for medicolegal purpose

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SAMPLE : BLOOD

DATE : **26/11/2022**
AGE : 49 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIVER PROFILE			
SERUM BILIRUBIN			
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
SERUM PROTEINS			
Total Proteins	7.1	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	3.1	Gm/dL	2.3 - 3.5
A : G Ratio	1.29		0.0-2.0
SGOT	33	IU/L	0-40
SGPT	38	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	220	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	157	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	31.4	mg/dL.	15 - 40
LDL CHOLESTEROL	140.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.58	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.93	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.

BIOCHEMICAL

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

Report is not valid for medicolegal purpose

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 AGE : 49 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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URINE EXAMINATION

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	1-2	/H.P.F.	
Epithelial Cells	0-1	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		

BIOCHEMISTRY

Report is not valid for medicolegal purpose

venture of Apple Cardiac Care
3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
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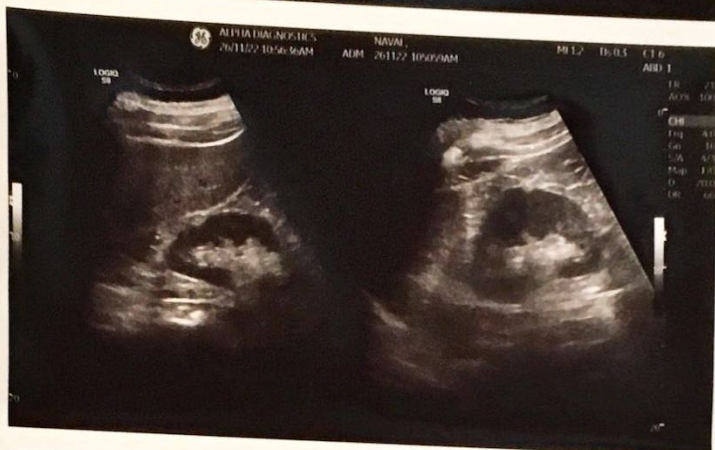
<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR P.P.	135	mg/dl	80-140

Shweta

--{End of Report}--

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

Report is not valid for medicolegal purpose





Patient ID 102217372
Name Mr. NAVAL SINGH
Sex/Age Male 49 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 26/11/2022 10:25:34
Reported On 26/11/2022 11:04:24

USG WHOLE ABDOMEN

Liver - is normal in size **with diffuse fatty changes**. No IHBRD / focal SOL is seen. PV - normal. Porta hepatis - 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 (23cc), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- **GRADE I FATTY LIVER.**

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1





Patient ID 102217373
Name Mr. NAVAL SINGH
Sex/Age Male 49 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 26/11/2022 10:26:23
Reported On 26/11/2022 10:39:00


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 *****

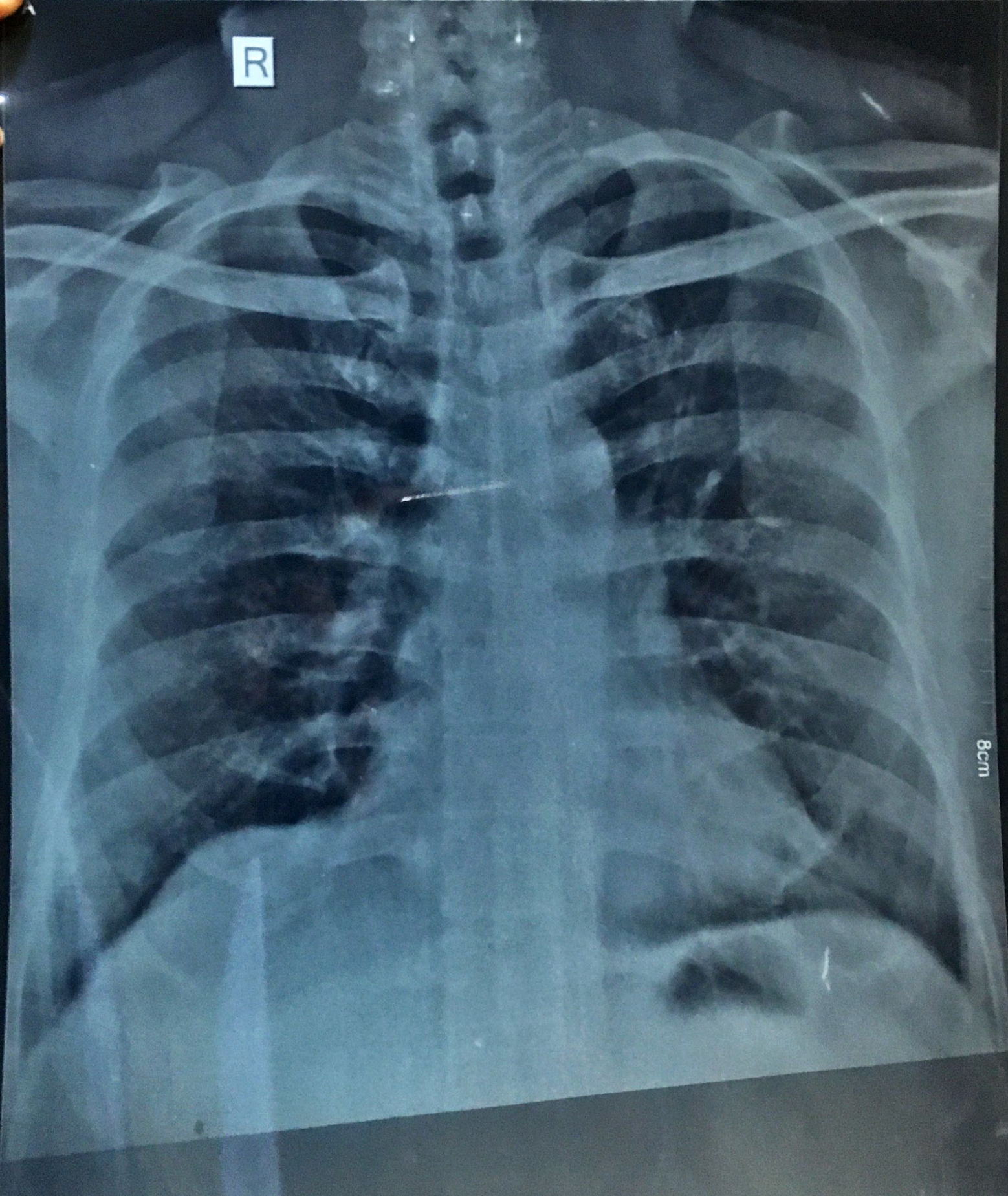



DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1



R



8cm

1965

8cm

Dr. Nitin Agarwal
DM (CARDIOLOGY)

NO ADMISSION WITHOUT
PERMISSION
DO NOT ENTER
BEFORE ENTERING
SWITCHED OFF OR SILENCE
YOUR CELL PHONE
आवक के बिना प्रवेश न करें
आवक के बिना प्रवेश न करें



GPS Map Camera



Bareilly, Uttar Pradesh, भारत

A-3, Ektanagar, Stadium Road, Ekta Nagar,
Bareilly, Uttar Pradesh 243122, भारत

Lat 28.38468°

Long 79.435349°

26/11/22 09:41 AM GMT +05:30