
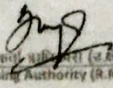
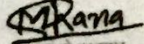


Identity Card No. : RODDN19123	Date of Birth : 11.01.1969
Date of Issue : 19-07-2019	Blood Group : O+Ve
E.C. No. : 157515	
Identification Mark : Cut In Right Eye Brow	
Office Add. : Regional Office, 410, Indira Nagar Dehradun - 248 001 (Uttarakhand)	
Phone No. : 9806540020	

This card is non-transferable.
This card is to be produced on demand.
In case lost please report it to the issuing authority.
The finder may please return to the nearest BOB office.

	बैंक ऑफ बड़ौदा Bank of Baroda	
नाम	: मोहन सिंह	
Name	: Mohan Singh	
पदनाम	: प्रबंधक	
Designation	: Manager	
		
राज्यीय प्रभिकारी (उ.प्र.) Issuing Authority (R.M.)		सिग्नेचर कार्ड होल्डर Signature Card Holder

MRama
27/8/2022



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O के.एस. राणा, घर/निवाण:
03, स्थान चिह्न: विद्यालय के पास,
स्थान: कोटी, गांव/कम्बा/शहर: कोटि,
ज़िला: देहरादून, पोस्ट ऑफिस: कोटि,
राज्य: उत्तराखण्ड, पिन कोड: 248123

Address: S/O: K. S. Rana,
House/Bldg./Apt.: 03, Landmark:
near by school,
Area/Locality/Sector: koti,
Village/Town/City: Koti, District:
Dehradun, P.O.: Koti, State:
Uttarakhand, PinCode: 248123

1947
1800 150 1947

help@uidai.gov.in

www.uidai.gov.in

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



भारत सरकार
GOVERNMENT OF INDIA



मोहन सिंह राणा
Mohan Singh Rana

जन्म वर्ष / Year of Birth : 1969
पुरुष / Male



8284 1835 4165

आधार — आम आदमी का अधिकार

MRana
27/8/2022

PatientID 0009

ExamID 3538

NAME Mohan Singh 52/M

Date 08/27/2022

Time 11:54

ExamTime 46:29

(VD = 13.75 mm)

Ref

MANIFEST

SPH CYL AXS

<R> -5.00 0.00 180

<L> -4.75 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> -5.25 0.00 180

<L> -4.75 -0.25 34

<FAR VA>

R R+L L

FAR PD = 65.0 mm

NEAR PD = 63.0 mm

TOPCON CV-5000

Moham Singh S21M

DVA $\left\{ \begin{array}{l} 1MPC - 6118 - -5.00M - 616 \\ 1MPC - 6118 - -4.75M - 616 \end{array} \right.$

MVA $\left\{ \begin{array}{l} 12 \\ 9 \end{array} \right. + 2.25 \left. \right\}$ Add 6
6

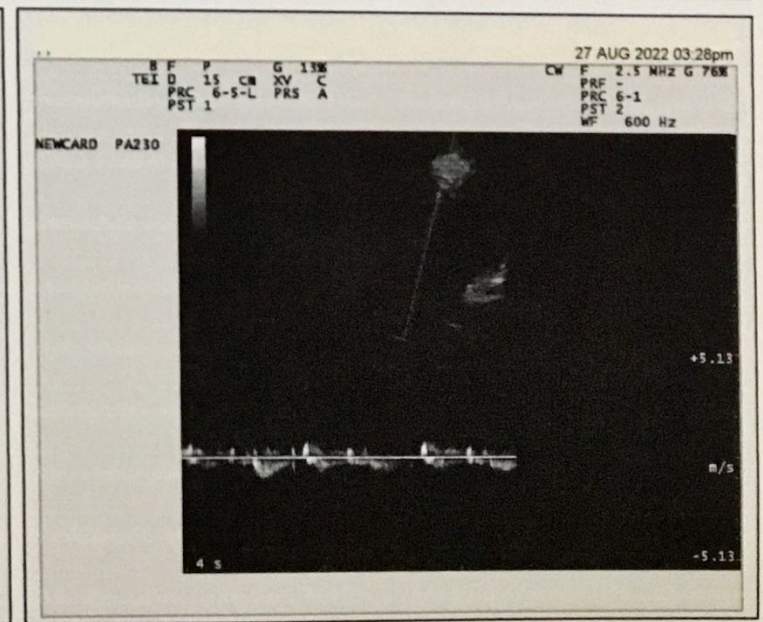
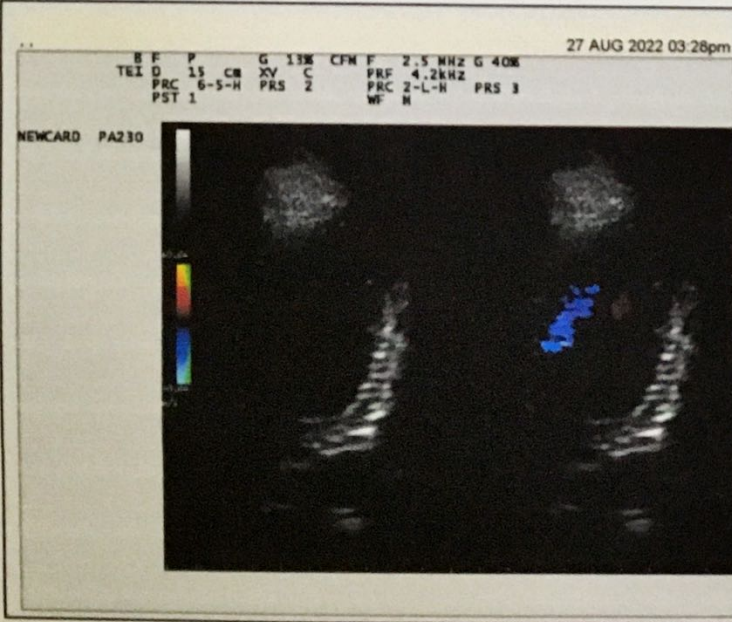
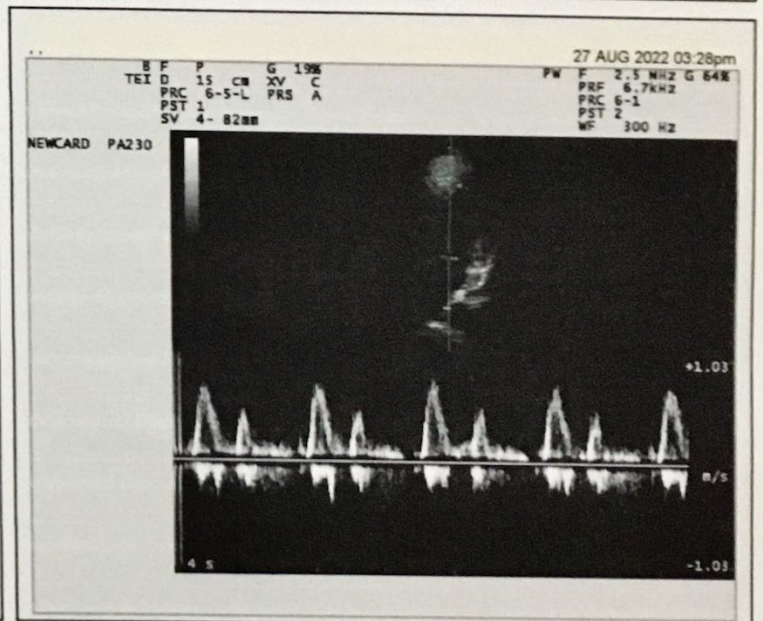
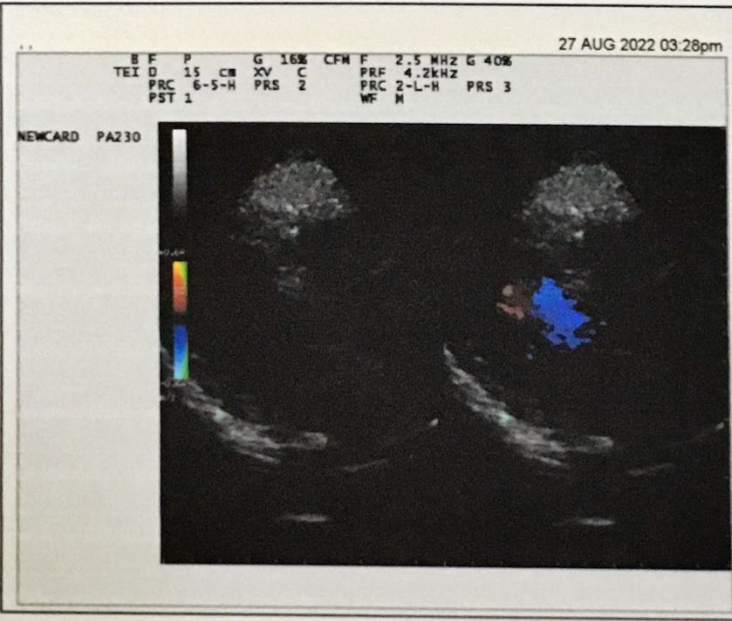
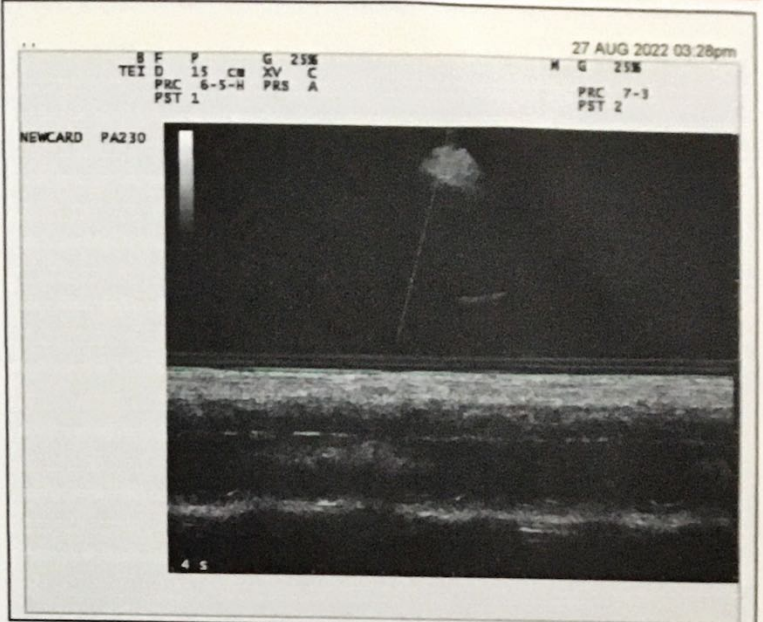
Using NO

R - -4.50M - 1-wpe 86

↳ -3.00M - 1-wpe 120

APPLE CARDIAC CARE, BAREILLY

Esote MyLab



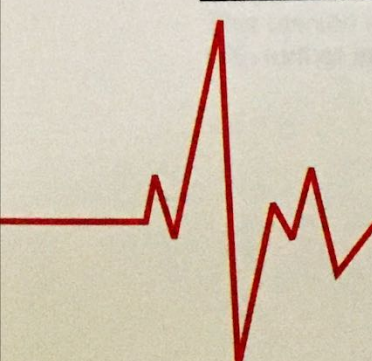


NAME	Mr. MOHAN SINGH	AGE/SEX	52 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	27/08/2022

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	3.0 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

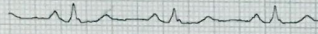
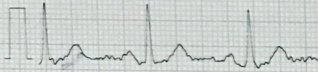


10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

II

III

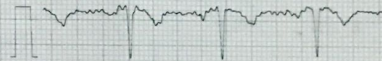


10mm/mV 75mm/sec 25Hz

BPL CARDIART 6108T

aVR

aVL



Pat. ID

Arshant Singh 27/08/22

CARDIART

Pat. ID.....

CARDIART

L CARDIART 6188T

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

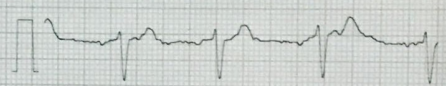
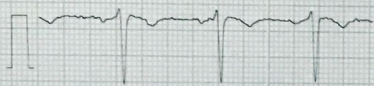
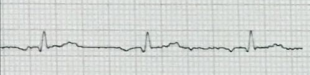
BPL CARDIART 6188T

BPL 6188T 10mm/mV 25mm/sec \approx 25Hz

aVF

V1

V2



Pat. ID [REDACTED]

Pat. ID.....

CARDIART

CARDIART

BPL CARDIART 6108T

V3

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

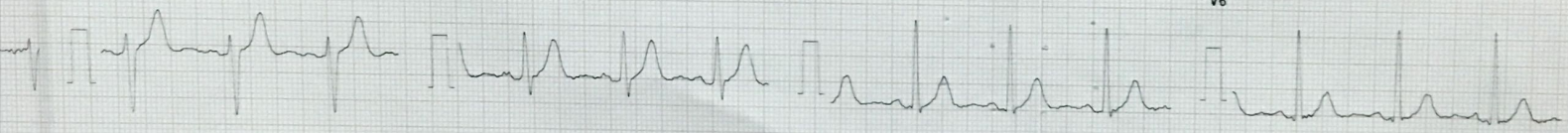
V4

BPL CARDIART 6108T

V5

BPL CARDIART 6108T
10mm/mV 25mm/sec \approx 25Hz

V6



Pat. ID

CARDIART

CARDIART

Pat. ID

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

Moham

SINHA

47

2UA

27/2/22

*
1 - Feburlet, 400

160/90
2/1/22

1 - Feburlet, 400

0

0

1mm

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



Reg.NO. : 9
NAME : **Mr. MOHAN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **27/08/2022**
AGE : 53 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.1	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,300	/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	3.92	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	40.4	%	35-54
M C V	95.4	fL	76-96
M C H	31.4	pg	27.00-32.00
M C H C	32.4	g/dl	30.50-34.50
PLATELET COUNT	1.52	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	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.

BIOCHEMISTRY

Adventure of Apple Cardiac Care

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



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DATE : **27/08/2022**
AGE : 53 Yrs.
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	96	mg/dl	60-100
SERUM CREATININE	0.8	mg/dL.	0.5-1.4
BLOOD UREA	24	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.

URIC ACID	7.7	mg/dl	0-8
-----------	-----	-------	-----

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	139	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

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 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	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	31	IU/L	0-40
SGPT	22	IU/L	0-40
SERUM ALK.PHOSPHATASE	76	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 : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	197	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	159	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	31.8	mg/dL.	15 - 40
LDL CHOLESTEROL	116.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.02	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.37	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.

HAEMATOLOGY

BLOOD GROUP

Blood Group : O
 Rh : POSITIVE

BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT) : 28 U/L 7-32

BIOCHEMICAL

Reg.NO. : 9
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
Prostatic Specific Antigen	2.0	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

Reg.NO. : 9
 NAME : **Mr. MOHAN SINGH**
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DATE : **27/08/2022**
 AGE : 53 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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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	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

Partnership of Apple Cardiac Care
3, Ekta Nagar, Stadium Road,
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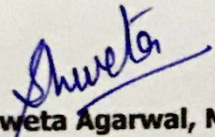
TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

--{End of Report}--


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

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. : 9
NAME : **Mr. MOHAN SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **27/08/2022**
AGE : 53 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BIOCHEMISTRY			
BLOOD SUGAR P.P.	111	mg/dl	80-140

--{End of Report}--

Shweta

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





Patient ID 102210623
Name Mr. MOHAN SINGH
Sex/Age Male 52 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 27/08/2022 09:58:40
Reported On 27/08/2022 10:23:29

USG WHOLE ABDOMEN

Liver - is normal in size. Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. 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 - almost empty.

Prostate - is grossly normal.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY DETECTED.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No 1 of 1





Patient ID 102210624
Name Mr. MOHAN SINGH
Sex/Age Male 52 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 27/08/2022 09:59:51
Reported On 27/08/2022 10:40:48


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

2186

MOHAN SINGH 52Y Male CHEST 27-08-2022

