



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No 1007/60081/52310

To,
नीतू वर्मा
Neetu Verma
D/O Hari Babu
KALI DEVI KA MANDIR 431 A, FALTOONGANJ
Bareilly
Bareilly Bareilly
Uttar Pradesh 243001
9267684413

24/09/2011

Ref: 685 / 20E / 963638 / 964424 / P



UE492545753IN



आपका आधार क्रमांक / Your Aadhaar No. :

3751 8358 4796

आधार – आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA

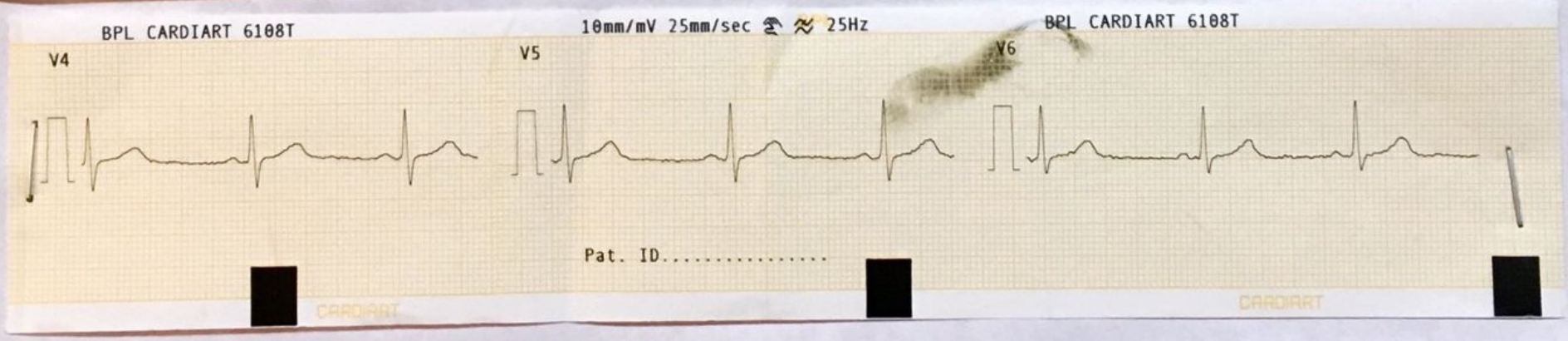
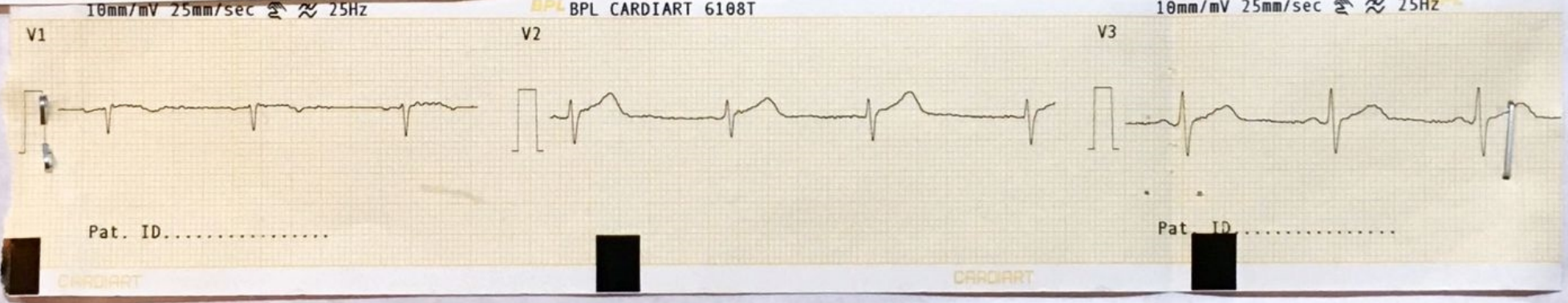
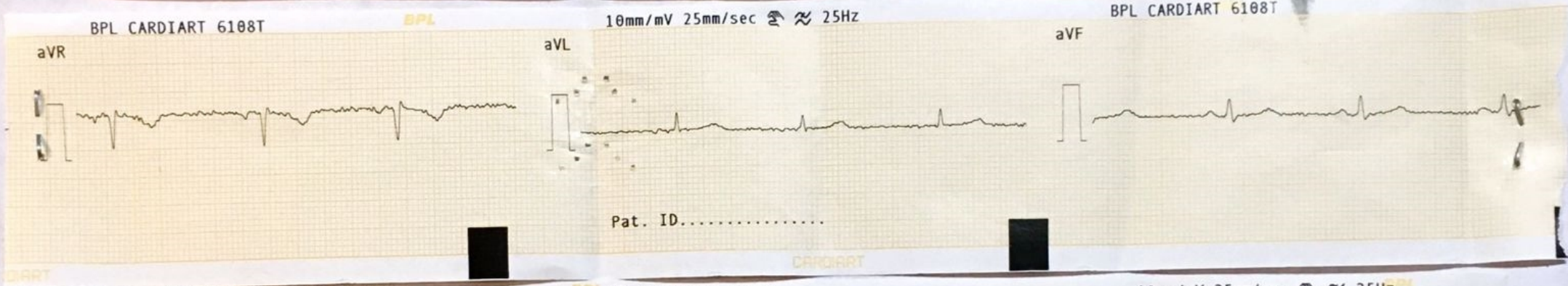
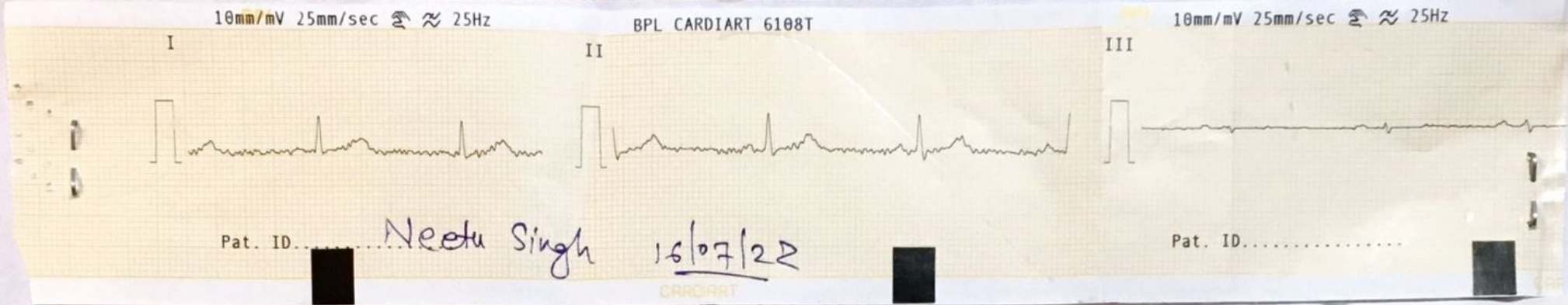


नीतू वर्मा
Neetu Verma
जन्म वर्ष / Year of Birth : 1991
महिला / Female



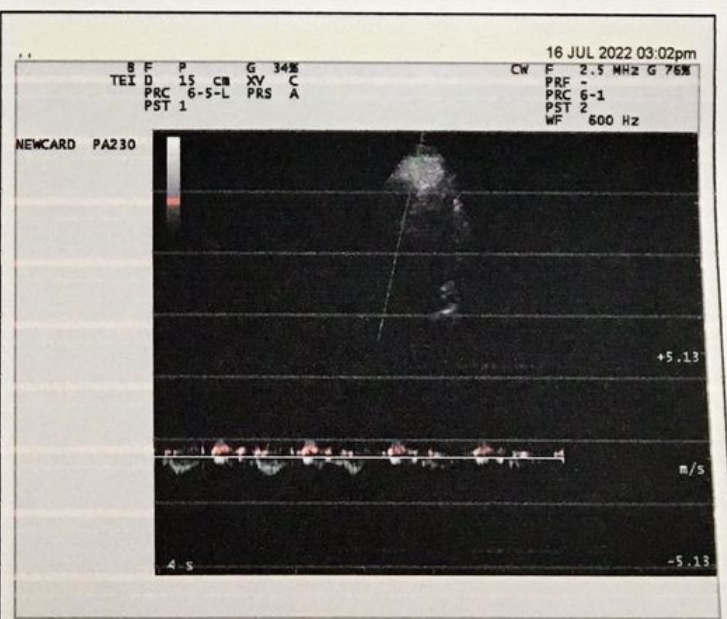
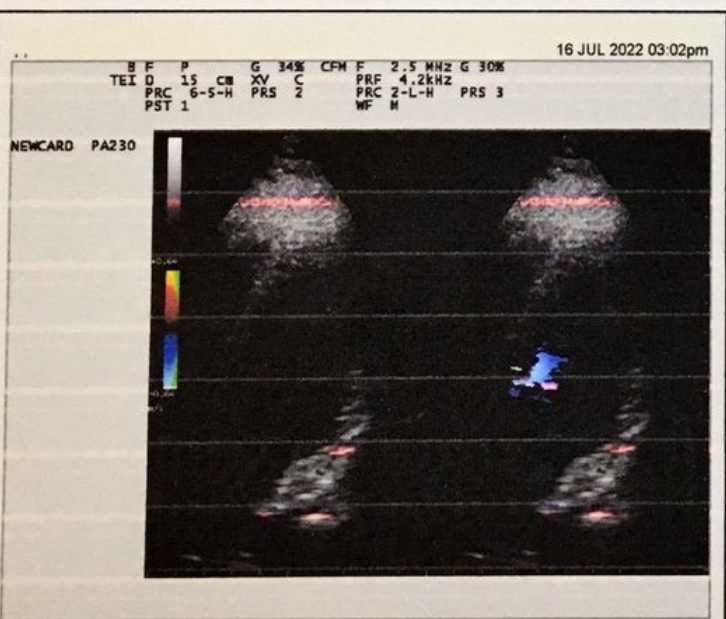
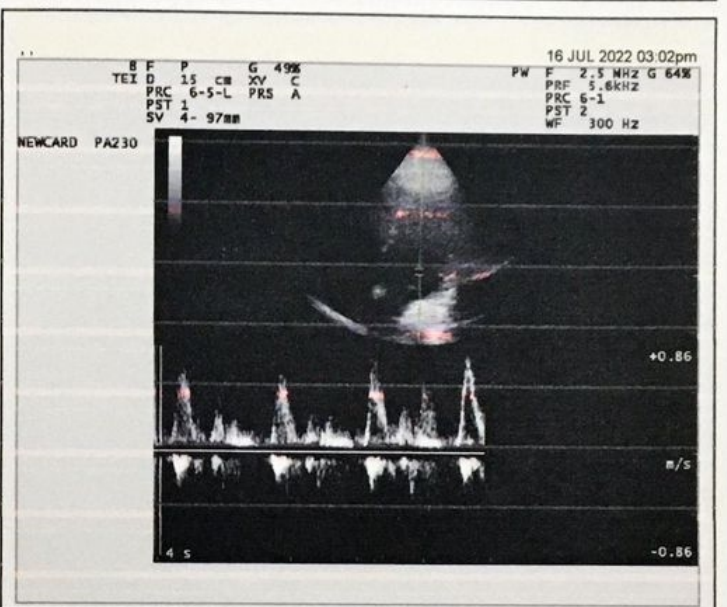
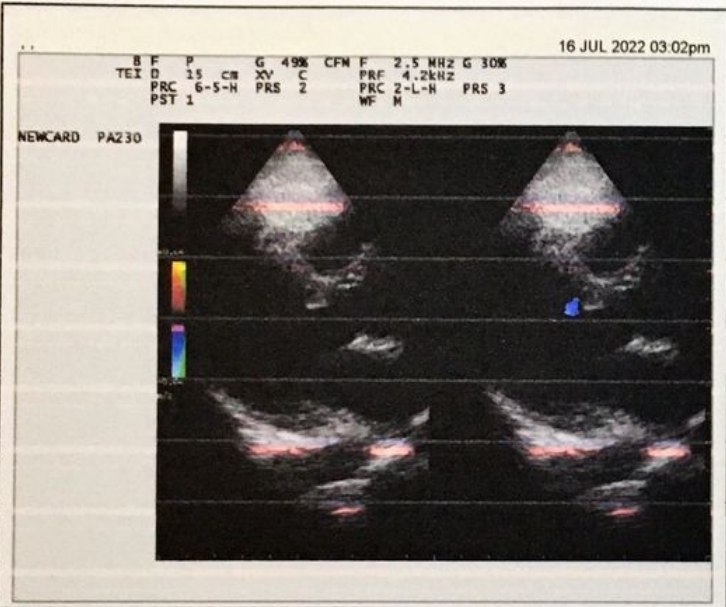
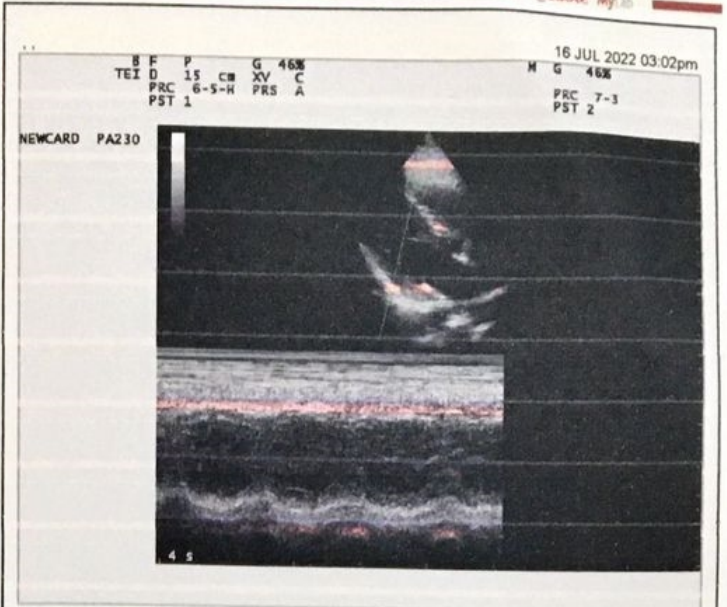
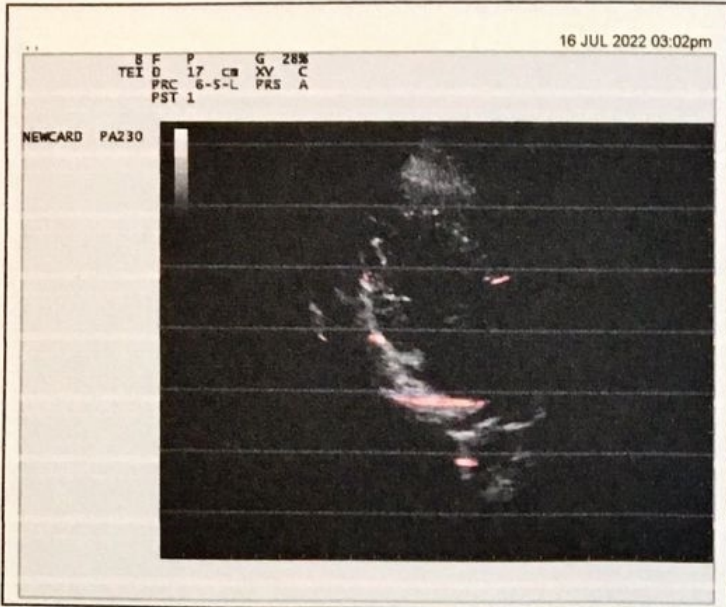
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आधार – आम आदमी का अधिकार

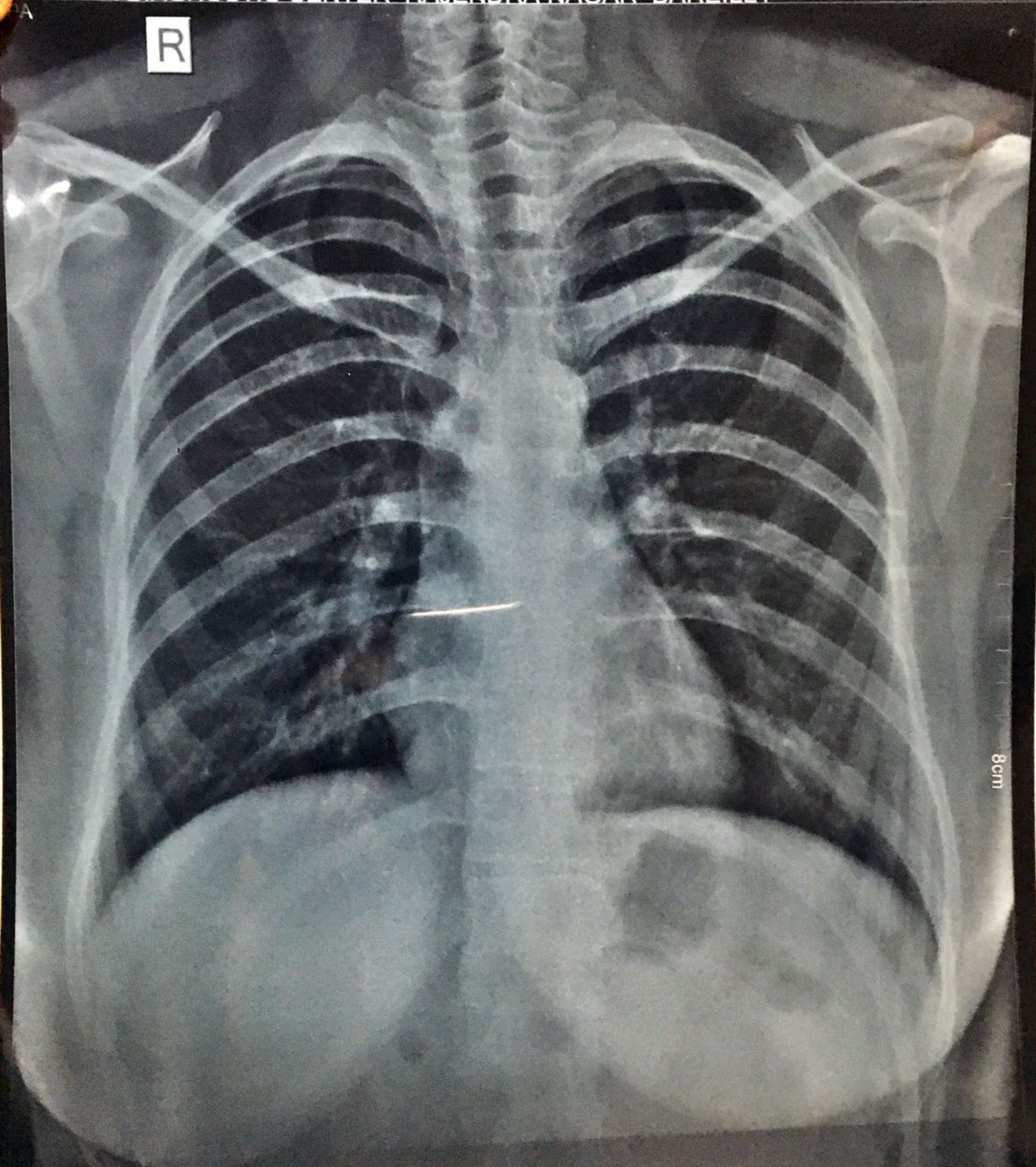


APPLE CARDIAC CARE, BAREILLY

saote Mylab



R



8cm

4cm



Patient ID 10227450
Name Mrs. NEETU SINGH
Sex/Age Female 31 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/07/2022 10:54:07
Reported On 16/07/2022 11:33:49

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 - partially distended.

Uterus - is grossly normal.

No ascites is seen.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR KAMAL NAYAN GANGEY
DNB RADIOAIGNOSIS

Page No. 1 of 1



Reg.NO. : 457
 NAME : **Mrs. NEETU SINGH**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **16/07/2022**
 AGE : 30 Yrs.
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	195	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	94	mg/dl.	30 - 160
HDL CHOLESTEROL	53	mg/dL.	30-70
VLDL CHOLESTEROL	18.8	mg/dL.	15 - 40
LDL CHOLESTEROL	123.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.68	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.32	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 : B
 Rh : POSITIVE

BIOCHEMISTRY

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DATE : **16/07/2022**
 AGE : 30 Yrs.
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM CREATININE	0.6	mg/dL.	0.5-1.4

CLINICAL SIGNIFICANCE : The amount of creatinine produced is fairly constant (Unlike urea) and it is removed from plasma by glomerular filtration and then excreted in urine without appreciable resorption by tubules. Therefore Creatinine is an useful indicator of renal function.

* Elevated creatinine level in serum is usually associated with various renal disases.

URINE EXAMINATION



NAME	Mrs. NEETU SINGH	AGE/SEX	31 Y/F
Ref. By	Dr. NITIN AGARWAL (DM)	DATE	16/07/2022

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)	2.5	cm (2.2 –3.9 cm)
RVID (d)	2.5	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	2.0	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 %)

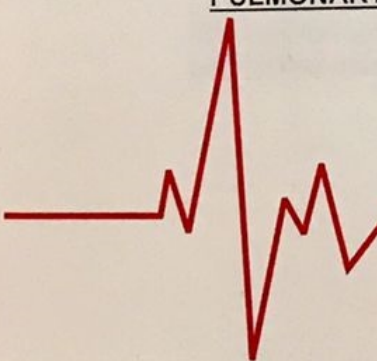
LEFT VENTRICLE : No regional wall motion abnormality
 No concentric left Ventricle Hypertrophy

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







Reg.NO. : 457
 NAME : **Mrs. NEETU SINGH**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **16/07/2022**
 AGE : 30 Yrs.
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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	6.2	Gm/dL	6.4 - 8.3
Albumin	3.8	Gm/dL	3.5 - 5.5
Globulin	2.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.58		0.0-2.0
SGOT	42	IU/L	0-40
SGPT	47	IU/L	0-40
SERUM ALK.PHOSPHATASE	72	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.

PatientID 0012

ExamID 3463

NAME Reety

Date 07/16/2022

Time 12:42

ExamTime 90:47

(VD = 13.75 mm)

MANIFEST

	SPH	CYL	AXS
<R>	-0.50	0.00	180
<L>	0.00	+0.75	105
<FAR VA>			
	R	R+L	L

RM DATA

	SPH	CYL	AXS
<R>	-0.75	0.00	90
<L>	0.00	+1.75	105
<FAR VA>			
	R	R+L	L

FAR PD = 56.0 mm

TOPCON CV-5000

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

ne
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. : 457
NAME : **Mrs. NEETU SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **16/07/2022**
AGE : 30 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.3	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	4,000	/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	4.17	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	37.6	%	35-54
M C V	90.2	fL	76-96
M C H	27.1	pg	27.00-32.00
M C H C	30.1	g/dl	30.50-34.50
PLATELET COUNT	2.27	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	09	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	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.



Patient ID 10227451
Name Mrs. NEETU SINGH
Sex/Age Female 31 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/07/2022 10:54:59
Reported On 16/07/2022 11:23:13


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 RADIOAIGNOSIS

Page No. 1 of 1



venture of Apple Cardiac Care
A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
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NAME : **Mrs. NEETU SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **16/07/2022**
AGE : 30 Yrs.
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
Gamma Glutamyl Transferase (GGT)	21	U/L	

NORMAL RANGE:

MALE: 7-32

FEMALE: 11-50

COMMENT:

Gama glutamyl Transferase (GGT) is an enzyme found mainly in serum from hepatic origin, though the highest levels are in the kidneys. Elevated levels are found in hepatobiliary and pancreatic diseases, Chronic alcoholism, myocardial infarction with secondary liver damage, and diabetics.

BLOOD SUGAR RANDOM	81	mg/dl	60-160
URINE SUGAR RANDOM	NEGATIVE		
URIC ACID	6.3	mg/dl	0-6

CLINICAL SIGNIFICANCE:

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

Meetu

VA < $\begin{matrix} 6/9 \\ 6/12 \end{matrix}$

W.V < $\begin{matrix} 6 \\ 6 \end{matrix}$

$n = 0.5010 - 6/6$

Ref $\left\{ \begin{matrix} +0.75 DC 10s - 6/6 \end{matrix} \right.$

colour vision (N)

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

Nectan Singh

16/7/22

110170

721

CB

Pt Angyphulwa

Q

Dr. Nitin

डॉ. नितिन अग्रवाल

डी.एम.डी.

हृदय रोग विशेषज्ञ

डॉ. 1.

हृदय रोग क्लिनिक

डॉ. नितिन अग्रवाल
हृदय रोग विशेषज्ञ

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

Dr. Nitin Agarwal
DM (CARDIOLOGY)

NO ADMISSION WITHOUT
PERMISSION
BEFORE ENTERING
SWITCHED OFF OR SILENCE
YOUR CELL PHONE
आवेक करी अरु प्रवेश
करे अरु अरु अरु अरु

