

6/8/22

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

BPL CADIART 6108T

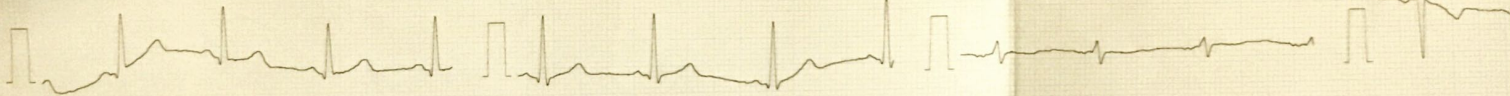
II

III

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

BPL CADIART 6

aVR



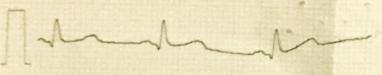
Pat. ID... *S. yegor* 16/08/22

Pat. ID.....

6108T

BPL 10mm/mV 25mm/sec 25Hz

aVL

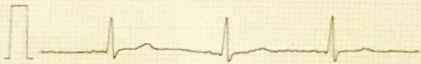


Pat. ID.....



BPL CARDIART 6108T

aVF

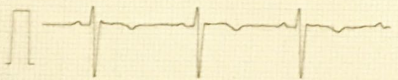


CARDIART



BPL 10mm/mV 25mm/sec 25Hz

V1



Pat. ID.....



CARDIART

V2

5Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

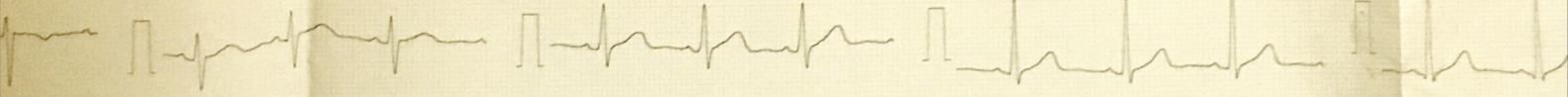
10mm/mV 25mm/sec

V2

V3

V4

V5



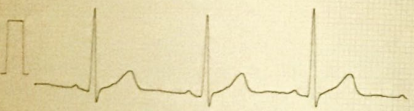
Pat. ID. ....

Pat. ID. ....

BPL CARDIART 6108T

BPL

V4



V5

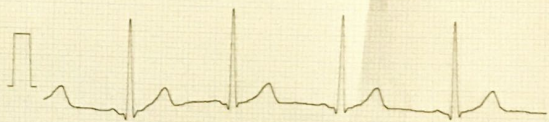


10mm/mV 25mm/sec  $\approx$  25Hz

BPL CARDIART 6108T

BPL

V6



Pat. ID.....

PatientID 0021  
ExamID 3511  
NAME Suyogita 271f

Date 08/16/2022  
Time 13:57  
ExamTime 174:42

( VD = 13.75 mm )

----- MANIFEST -----

	SPH	CYL	AXS
<R>	-1.00	-0.50	178
<L>	-1.00	-0.50	8
<FAR VA>			
	R	R+L	L

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

	SPH	CYL	AXS
<R>	-1.75	-0.75	178
<L>	-1.25	-0.75	8
<FAR VA>			
	R	R+L	L

FAR PD = 62.0 mm

TOPCON CV-5000

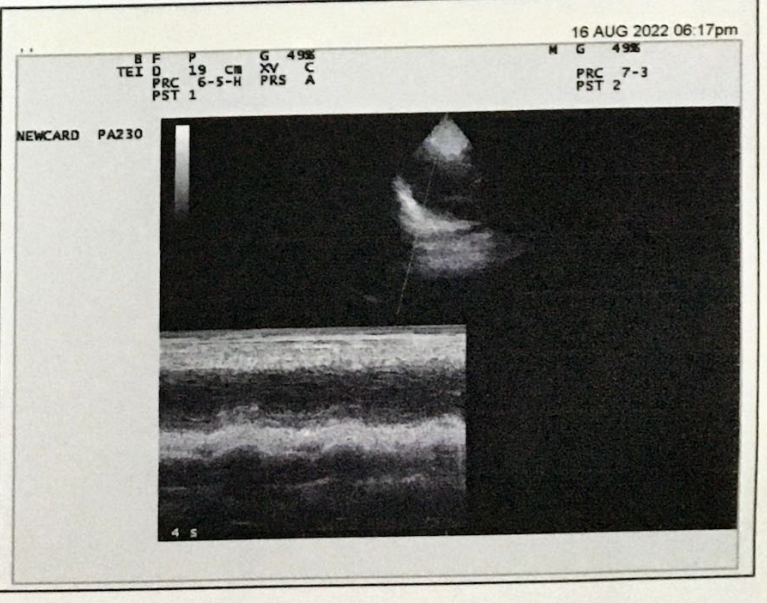
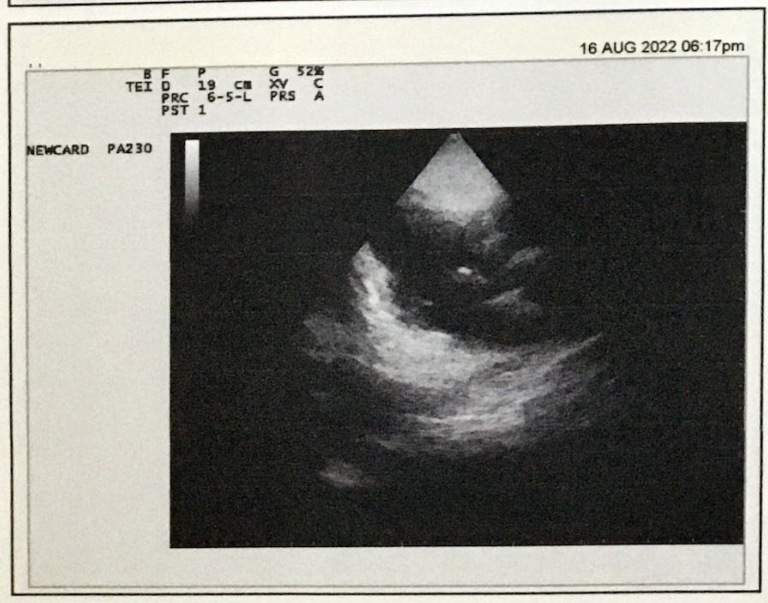
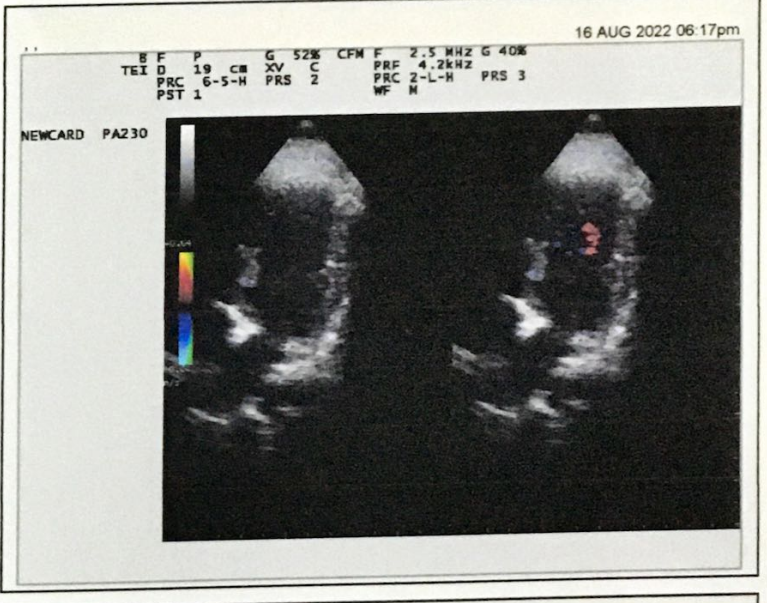
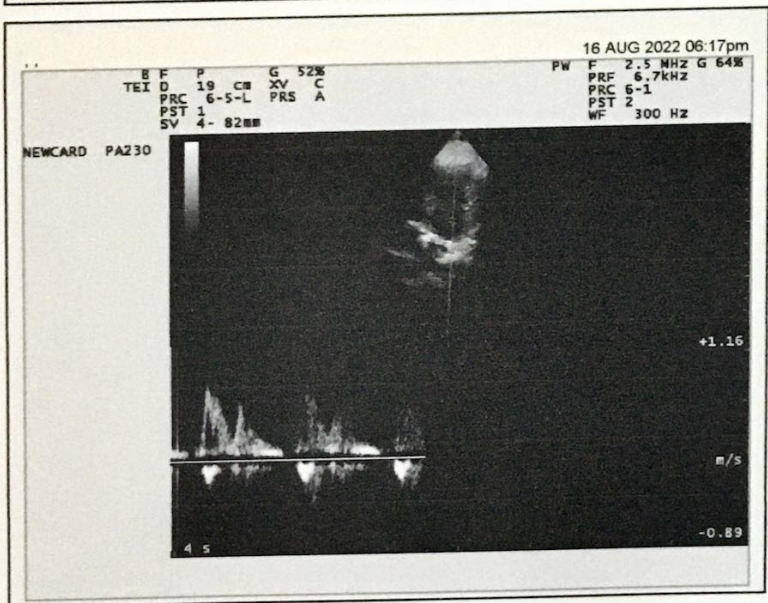
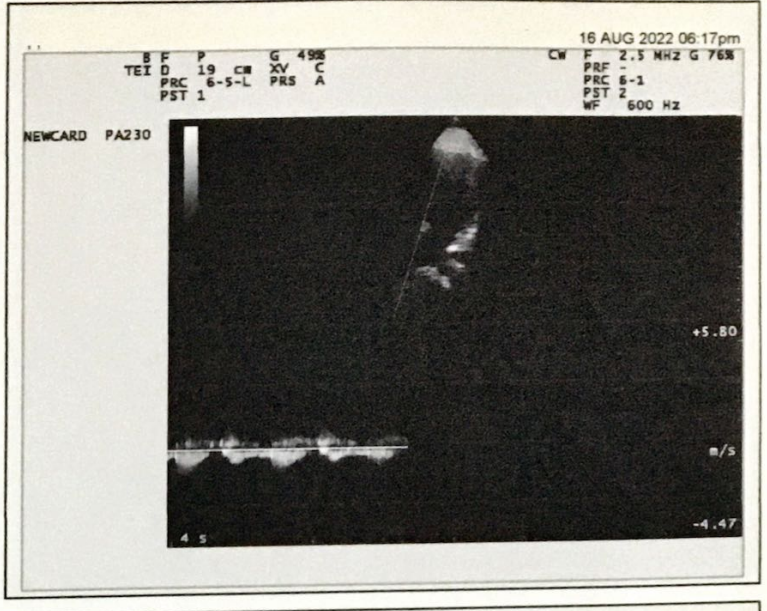
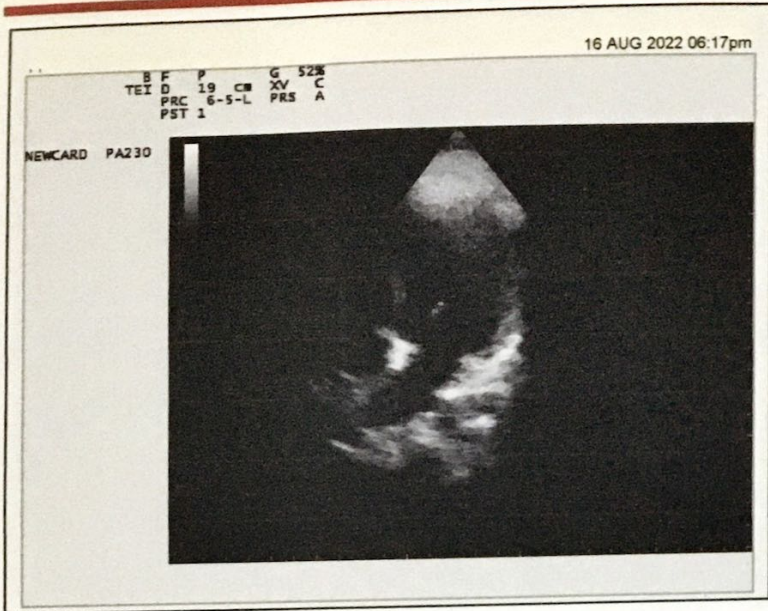
Suyogita 27/F

DA\*  $\left\{ \begin{array}{l} G118 - 1.0000 - 0.50 \text{ Dec } 178 - 619 \\ G112 - 1.0000 - 0.50 \text{ Dec } 8' - 616 \end{array} \right.$

NA\*  $\left\{ \begin{array}{l} 6 \\ 6 \end{array} \right.$

# APPLE CARDIAC CARE, BAREILLY

saote MyLab



<b>NAME</b>	Mrs. SUYOGITA	<b>AGE/SEX</b>	27 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	16/08/2022

### ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.5 cm	( 3.7 –5.6 cm)
LVID (s)	2.4 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	2.8 cm	( 1.9 –4.0 cm)
<b><u>LV FUNCTION</u></b>		
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.

**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. : 189  
NAME : **Mrs. SUYOGITA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **16/08/2022**  
AGE : 27 Yrs.  
SEX : FEMALE

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR P.P.	110	mg/dl	80-140

--{End of Report}--

*Shweta*

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

## A Venture of Apple Cardiac Care

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(Opp. Care Hospital),  
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Tel. : 07599031977, 09458888448



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DATE : **16/08/2022**  
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	<b>11.0</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	<b>8,800</b>	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	<b>65</b>	%	40-75
Lymphocytes	<b>33</b>	%	20-45
Eosinophils	<b>02</b>	%	01-08
TOTAL R.B.C. COUNT	<b>4.09</b>	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	<b>36.5</b>	%	35-54
M C V	<b>89.2</b>	fL	76-96
M C H	<b>26.9</b>	pg	27.00-32.00
M C H C	<b>30.1</b>	g/dl	30.50-34.50
PLATELET COUNT	<b>2.21</b>	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R. (Westergren Method)	<b>09</b>	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	<b>5.5</b>		

### 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. : 189  
 NAME : **Mrs. SUYOGITA**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **16/08/2022**  
 AGE : 27 Yrs.  
 SEX : FEMALE

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
BLOOD SUGAR F.	97	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	23	U/L	11-50
BLOOD UREA	28	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	0.8	mg/dL.	0.5-1.4
URIC ACID	<b>7.9</b>	mg/dl	0-6

**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)	4.0	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	8.6	mg/dl	8.5 - 10.5



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 SAMPLE : BLOOD

DATE : 16/08/2022  
 AGE : 27 Yrs.  
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
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
<b>SERUM PROTEINS</b>			
Total Proteins	6.5	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.6		0.0-2.0
SGOT	31	IU/L	0-40
SGPT	24	IU/L	0-40
SERUM ALK.PHOSPHATASE	78	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, DM and cirrhosis. Organs rich in SGPT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGPT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstruction, hyperparathyroidism, osteoarthritis and bone diseases.



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 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	188	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	107.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.84	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.19	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.

**URINE EXAMINATION**



Reg.NO. : 189  
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 SAMPLE : BLOOD

DATE : **16/08/2022**  
 AGE : 27 Yrs.  
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
<b>TRANSPARENCY</b>			
Volume	20	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	2-3	/H.P.F.	
Epithelial Cells	2-3	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
<b>DEPOSITS</b>			
Bacteria	NIL		
Other	NIL		

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**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

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SAMPLE : BLOOD

DATE : **16/08/2022**  
AGE : 27 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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**HAEMATOLOGY**

**BLOOD GROUP**

Blood Group  
Rh

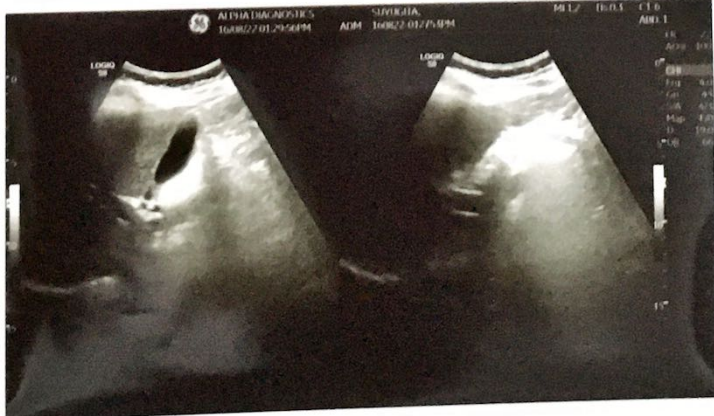
A B  
POSITIVE

--{End of Report}--

*Shweta*

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







**Patient ID** 10229664  
**Name** Mrs. SUYOGITA  
**Sex/Age** Female 27 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 16/08/2022 11:17:38  
**Reported On** 16/08/2022 13:35:23

## 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.

**Uterus** - is anteverted and normal in size and shape. Myometrium appears to be normal. No definite evidence of myoma is seen. Central endometrium echo complex is normal.

B/L ovary/ adnexa - normal in size.

No definite evidence of fluid is seen in pouch of Douglas.

### IMPRESSION:

- **MILD FATTY LIVER.**

ADV - PLEASE CORRELATE CLINICALLY.

\*\*\* End of Report \*\*\*



W

**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

Page No. 1 of 1





**Patient ID** 10229665  
**Name** Mrs. SUYOGITA  
Sex/Age Female 27 Yrs  
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/08/2022 11:18:33  
Reported On 16/08/2022 11:58:51


### 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 \*\*\***

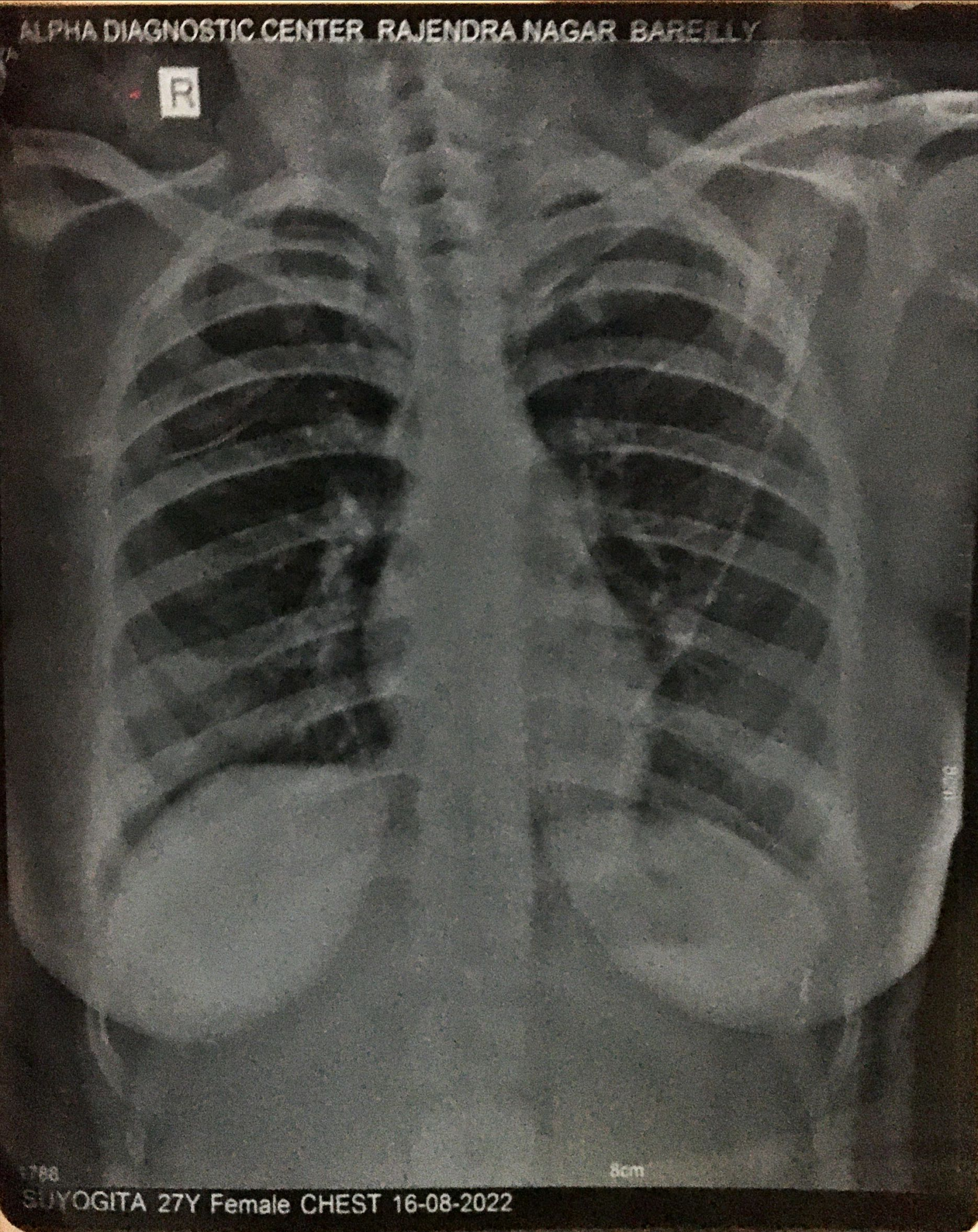


  
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

Page No 1 of 1



R



1786

8cm

SUYOGITA 27Y Female CHEST 16-08-2022



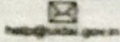
भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:  
D/O Mr. Mahesh Chandra,  
13/236, parmat, Kanpur  
Nagar, Uttar Pradesh -  
208001

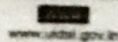
वृत्ति:  
D/O Mr. Mahesh Chandra, 13/236,  
parmat, Kanpur Nagar,  
Uttar Pradesh - 208001



1947



help@uidai.gov.in



www.uidai.gov.in

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



भारत सरकार  
GOVERNMENT OF INDIA



सुर्योगिता

Suryogita

जन्म तिथि / DOB: 02/11/1994

लिंग / GENDER: FEMALE

Mobile No.: 9161857812

2154 3669 4936

मेरा आधार, मेरी पहचान

*Suryogita*

Dr. Nitin Agarwal  
DM (CARDIOLOGY)

NO ADMISSION WITHOUT  
PERMISSION  
DO NOT USE MOBILE  
BEFORE ENTERING  
SWITCHED OFF OR SILENCE  
YOUR CELL PHONE  
आपको प्रवेश करने से  
पूर्व डॉक्टर की अनुमति  
लेना आवश्यक है।

