
Dr. Nitin Agarwal
DM (CARDIOLOGY)
NO ADMISSION WITHOUT PERMISSION
BEFORE ENTERING SWITCHED OFF OBSERVENCE YOUR CELL PHONE

Government of India

AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाईन ऑथन्टीकेशन द्वारा प्राप्त करें।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर–सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

3597582

आधार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O सचिन सिंह, पानी की टंकी, मो. दुर्गा प्रसाद, बीसलपुर, बीसलपुर, पीलीभीत, उत्तर प्रदेश, 262201

Address:
W/O Sachin Singh, pani ki tanki, mo. durga prasad, Bisalpur, Bisalpur, Pilibhit, Uttar Pradesh, 262201

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

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

Renu singh

भारत सरकार

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No.: 1207/02688/01369

11/07/2012

To
रेनू सिंह
Renu Singh
W/O Sachin Singh
pani ki tanki mo. durga prasad Bisalpur
Bisalpur Pilibhit
Uttar Pradesh 262201

3597582

UH035975820IN

आपका आधार क्रम Your Aadhaar No. :

9983 2402 4132

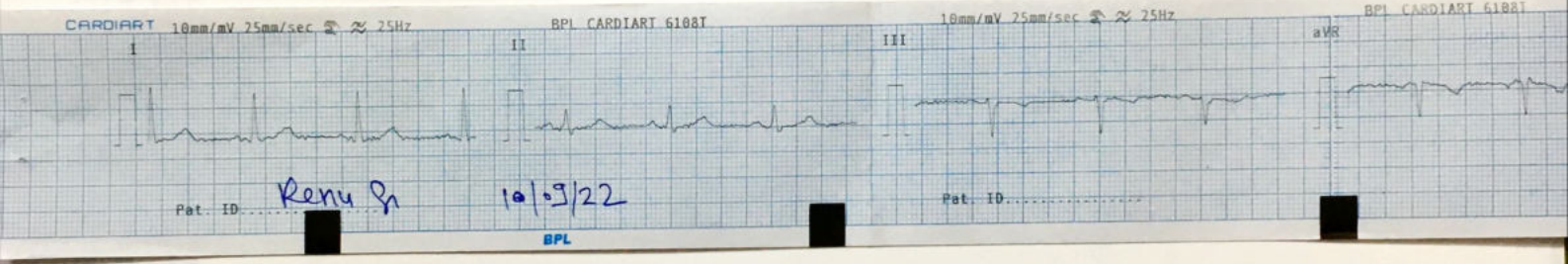
आधार – आम आदमी का अधिकार

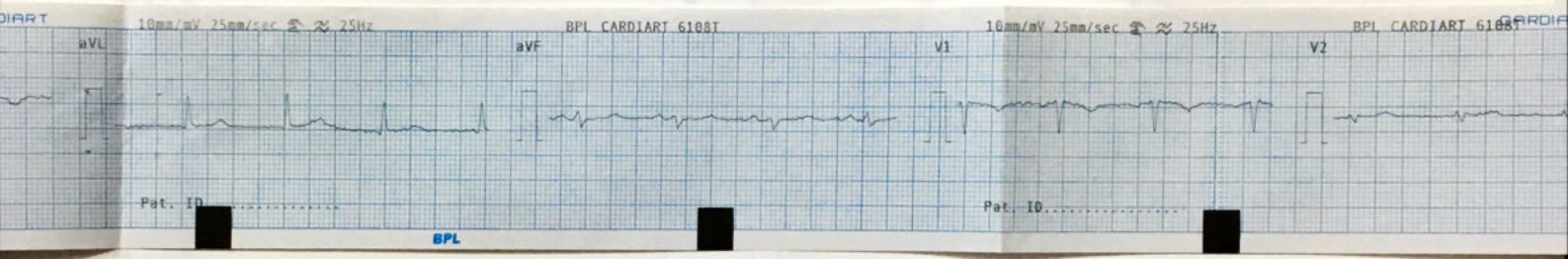
भारत सरकार
GOVERNMENT OF INDIA

रेनू सिंह
Renu Singh
जन्म वर्ष / Year of Birth : 1984
महिला / Female

9983 2402 4132

आधार – आम आदमी का अधिकार


CARDIART 10mm/mV 25mm/sec ≈ 25Hz
BPL CARDIART 6108T
I
II
Pat. ID
Renu
10/09/22
BPL
10mm/mV 25mm/sec ≈ 25Hz
BPL CARDIART 6108T
III
aVR
Pat. ID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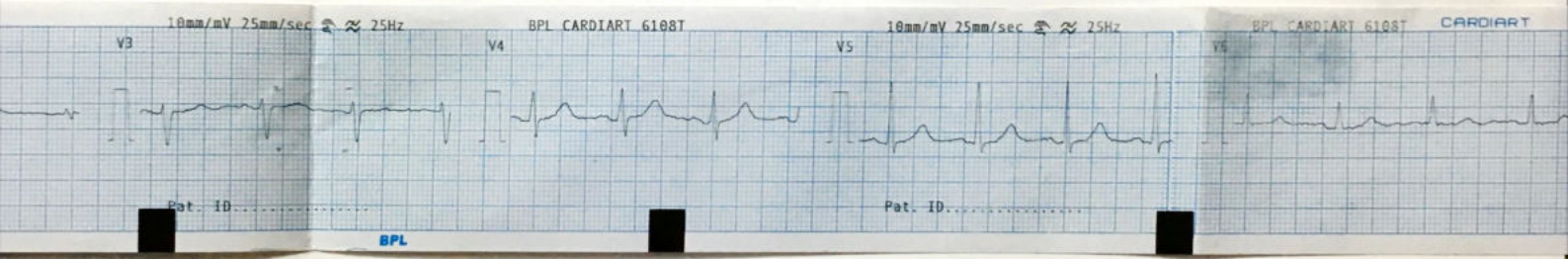
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10mm/mV 25mm/sec 25Hz
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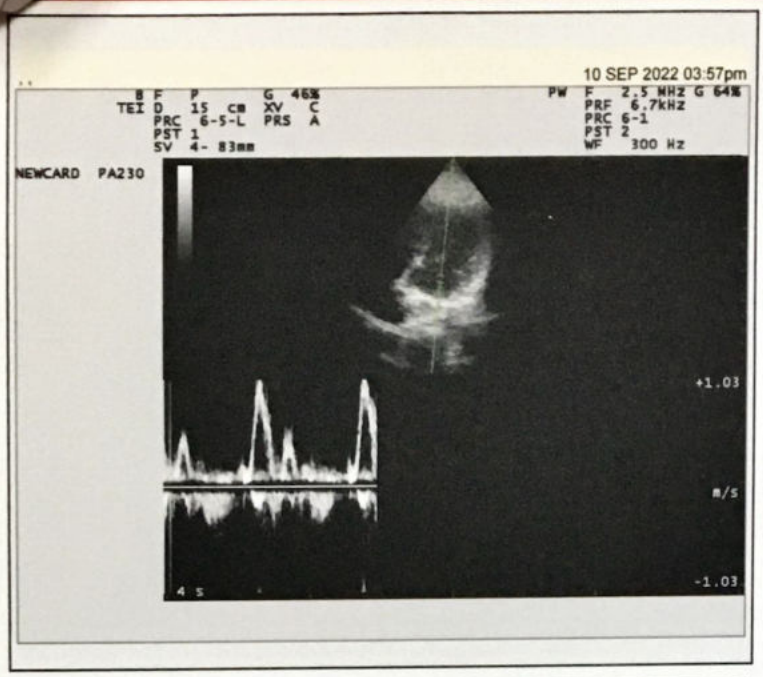
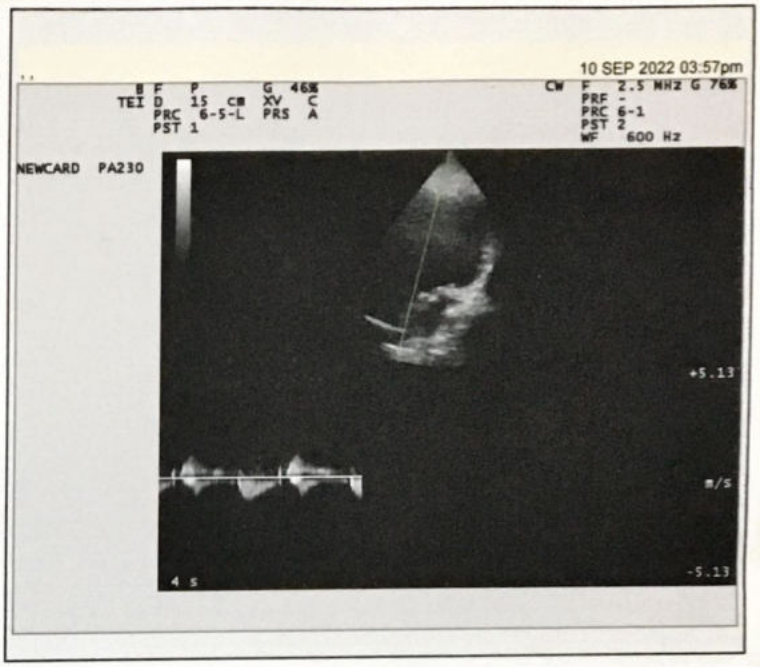
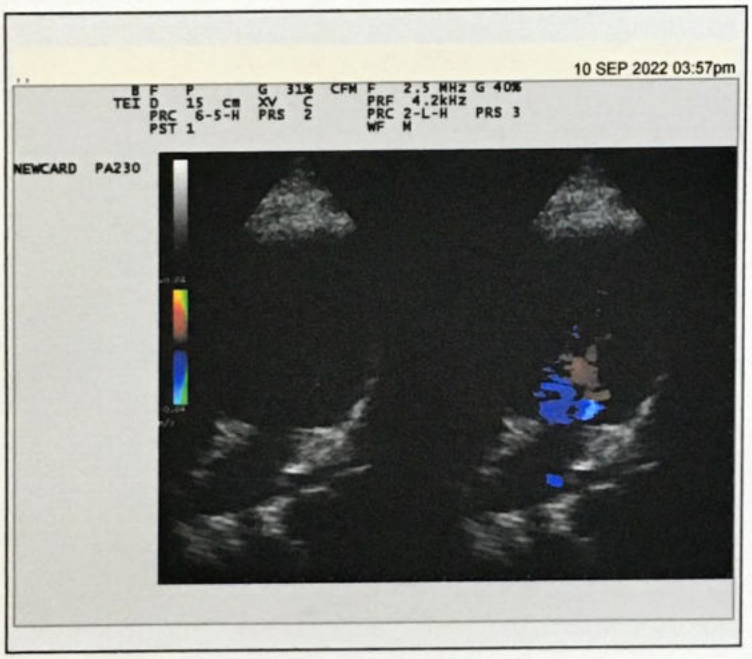
CARDIART
V6
Pat. ID.....
Pat. ID.....
BPL

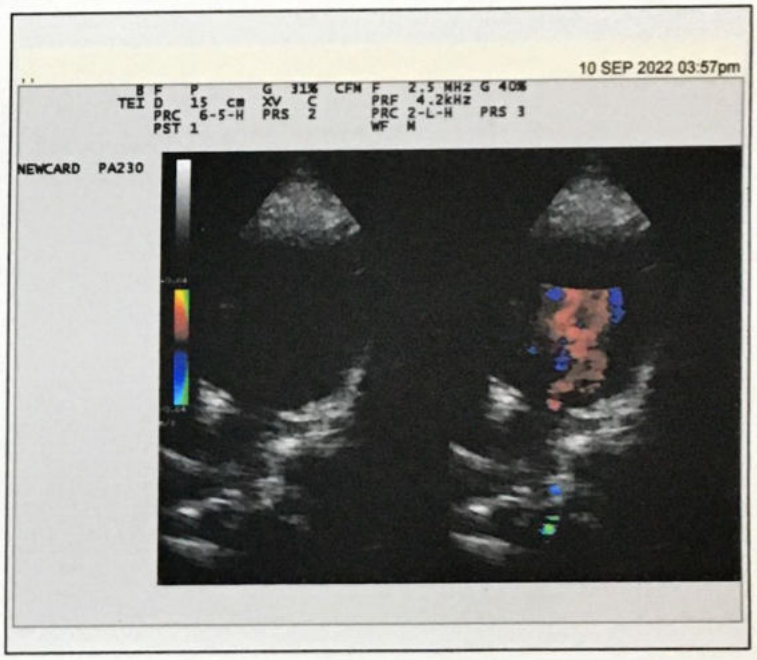
APPLE CARDIAC CARE, BAREILLY

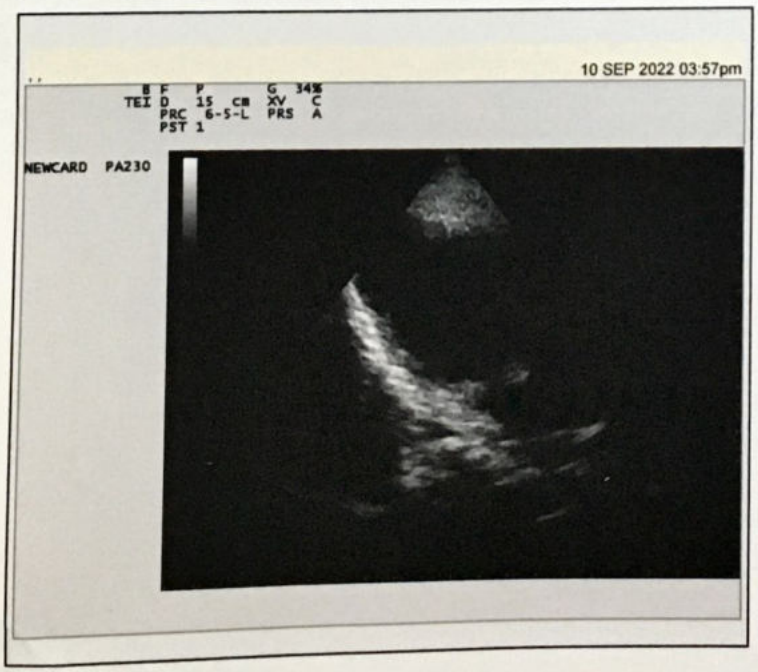
esaote MyLab

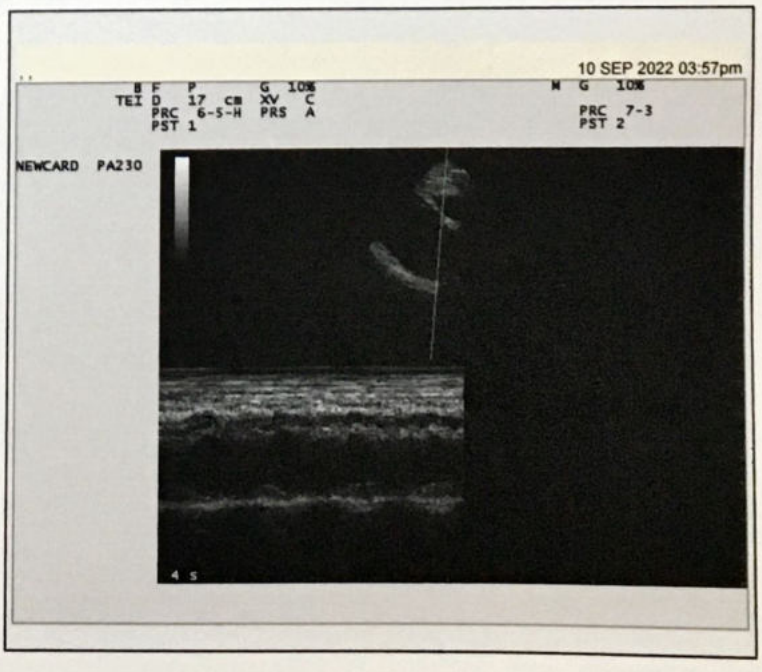












A-3, Ekta Nagar, Stadium Road,
(Opposite Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448

APPLE
CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC
A UNIT OF PRIME HEART CARE

NAME	Mrs. RENU SINGH	**AGE/SEX**	41 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	**DATE**	10/09/2022

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

MEASUREMENTS		**VALUE**	**NORMAL DIMENSIONS**
LVID (d)	4.6	cm	(3.7 –5.6 cm)
LVID (s)	2.5	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	2.2	cm	(2.2 –3.7 cm)
LA	2.9	cm	(1.9 –4.0 cm)
LV FUNCTION			
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
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APPLE PATHOLOGY
TRUSTED RESULT

Reg.NO.	: 209	DATE	: **10/09/2022**
NAME	: **Mrs. RENU SINGH**	AGE	: 40 Yrs.
REFERRED BY	: Dr.Nitin Agarwal (D M)	SEX	: FEMALE
SAMPLE	: BLOOD		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	**11.6**	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	7,500	/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	4.59	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.5	%	35-54
M C V	79.5	fL	76-96
M C H	**25.3**	pg	27.00-32.00
M C H C	31.8	g/dl	30.50-34.50
PLATELET COUNT	3.20	lacs/mm3	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	7.6		

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

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SAMPLE	: BLOOD	SEX	: FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM CREATININE	0.7	mg/dL.	0.5-1.4
BLOOD UREA	26	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.

URIC ACID	**6.6**	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)	4.1	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	8.8	mg/dl	8.5 - 10.5

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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	6.8	Gm/dL	6.4 - 8.3
Albumin	4.3	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.72		0.0-2.0
SGOT	28	IU/L	0-40
SGPT	17	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.

Gamma Glutamyl Transferase (GGT)	28	U/L	11-50

HAEMATOLOGY

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD GROUP			
Blood Group	B		
Rh	POSITIVE		
BIOCHEMISTRY			
LIPID PROFILE			
SERUM CHOLESTEROL	188	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	134	mg/dl.	30 - 160
HDL CHOLESTEROL	58	mg/dL.	30-70
VLDL CHOLESTEROL	26.8	mg/dL.	15 - 40
LDL CHOLESTEROL	103.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.24	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.78	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 indefining cardiovascular risk factors and in the managment 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

Venture of Apple Cardiac Care
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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearence	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	1+		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	2-3	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

7,500

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SAMPLE	: BLOOD	SEX	: FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	BIOCHEMISTRY		
BLOOD SUGAR F.	**178**	mg/dl	60-100
BLOOD SUGAR P.P.	**216**	mg/dl	80-140

7,500

--{End of Report}--

Shweta

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

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

Pm

Pooja Singh

10/9/22

124/80
86/m

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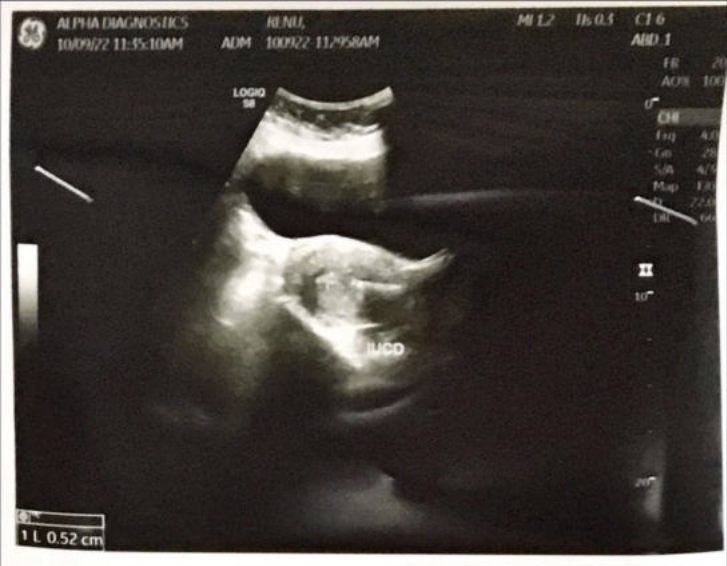
A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

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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ABD 1
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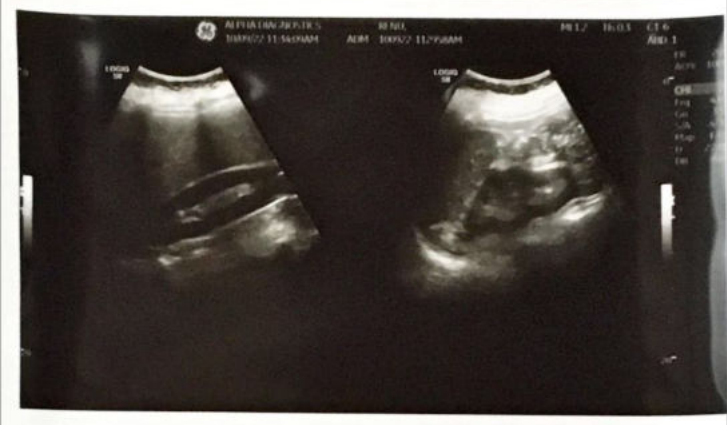
IUCD
1 L 0.52 cm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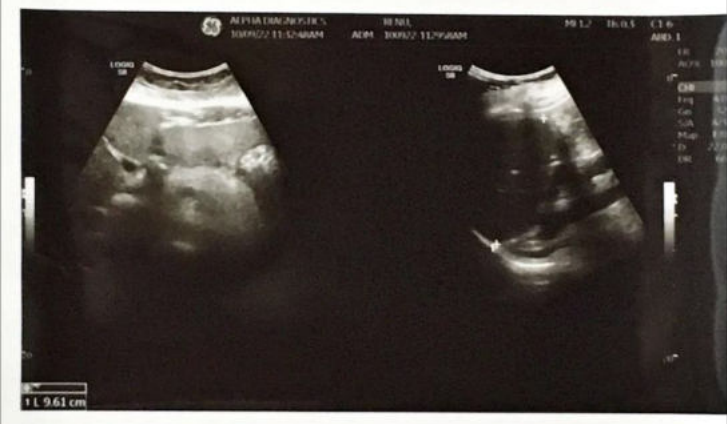
LOGIQ S8
LOGIQ S8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LOGIQ S8
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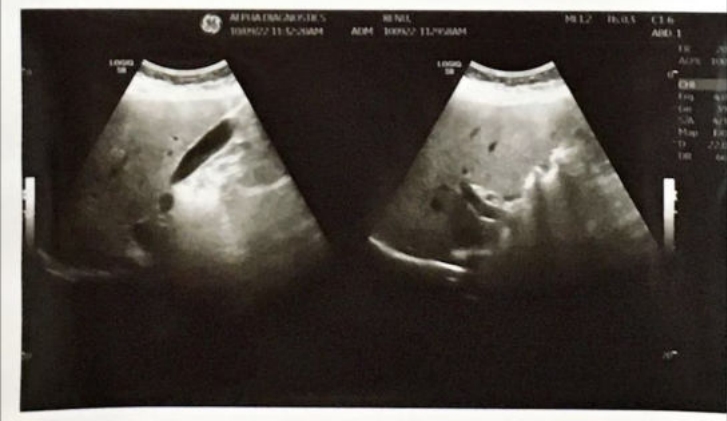
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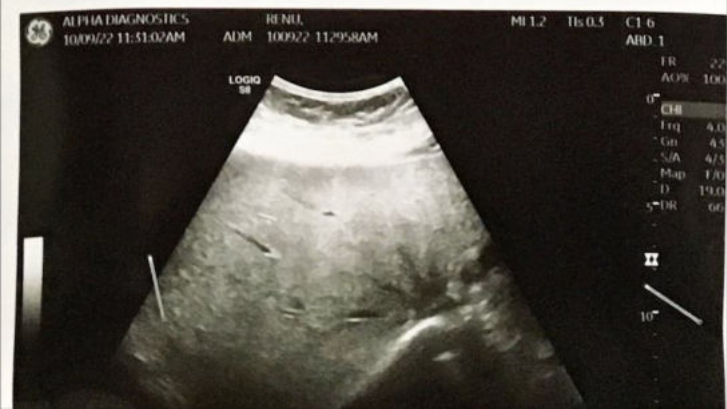
LOGIQ S8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RENU
ADM 10/09/22 11:29:58AM
MI 1.2 TIs 0.3 C1 6
ABD 1
LOGIQ S8

ALPHA DIAGNOSTICS
115-D, Gulmohar Park, Near Delapeer Talaab, Rajendra Nagar, Bareilly (U.P.)
+91 7642912345, 7642812345, 0581-4015223
contact@alphadiagnostic.in, alphadiagnostic07@gmail.com
www.alphadiagnostic.in

Patient ID	**102211628**	Reg. Date	10/09/2022 10:37:49
Name	**Mrs. RENU SINGH**	Reported On	10/09/2022 11:39:36
Sex/Age	Female 40 Yrs		
Ref. By	Dr. NITIN AGARWAL		

USG WHOLE ABDOMEN

Liver - is normal in size **with diffuse fatty changes obscuring visualization of posterior region.** 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. ET measures 5mm **with IUCD is seen in endometrial cavity.**

B/L ovary/ adnexa – normal in size.

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

IMPRESSION:

- **DIFFUSE FATTY CHANGES IN LIVER.**
- **IUCD IN SITU.**

ADV – PLEASE CORRELATE CLINICALLY.

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

DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

ALPHA DIAGNOSTICS
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Patient ID	**102211629**	Reg. Date	10/09/2022 10:39:17
Name	**Mrs. RENU SINGH**	Reported On	10/09/2022 11:20:05
Sex/Age	Female 40 Yrs		
Ref. By	Dr. NITIN AGARWAL		

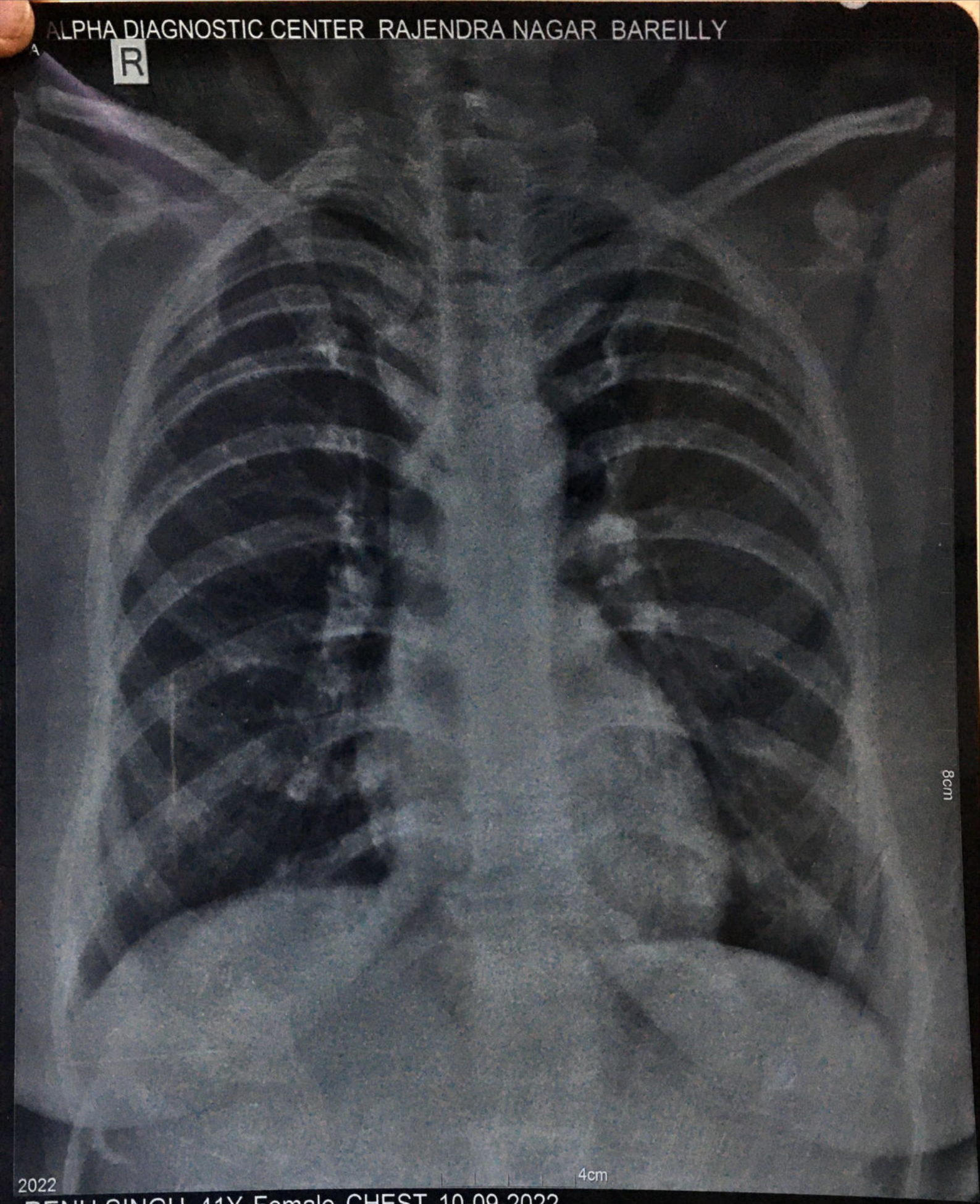
X-RAY CHEST PA VIEW

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


ALPHA DIAGNOSTIC CENTER RAJENDRA NAGAR BAREILLY
R
8cm
4cm
2022
RENU SINGH 41Y Female CHEST 10-09-2022