



एकमात्र विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No 1207/00842/03955

To,
मंजू पाराशरी
Manju Parashari
W/O Alok Parashari
Shiv Kuti 210 Jawharpur
Budaun
Budaun
Uttar Pradesh 243601
9528903847

Ref: 187 / 29A / 216282 / 216573 / P



UE005665489IN



आपका आधार क्रमांक / Your Aadhaar No. :

7664 0067 8242

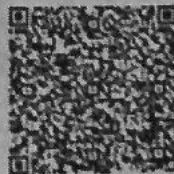
आधार — आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA



मंजू पाराशरी
Manju Parashari
जन्म वर्ष / Year of Birth : 1975
महिना / Female



7664 0067 8242

आधार — आम आदमी का अधिकार

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

16/12/22

मानसु

केशव

116/205
80
57

Asymptomatic

- Sp. Pentax

0.2
1
E11

Q

15mm

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



Visit ID : MBAR31143	Registration : 16/Dec/2022 11:45AM
UHID/MR No : ABAR.0000031131	Collected : 16/Dec/2022 11:54AM
Patient Name : Mrs.MANJU PARASARI	Received : 16/Dec/2022 11:55AM
Age/Gender : 48 Y O M O D /F	Reported : 16/Dec/2022 12:56PM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240,Sanjay Nagar Bareilly (UP)	Barcode No : A3321724

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)

Sample Type : SERUM

T3	1.10	ng/ml	0.61-1.81	CLIA
T4	7.9	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	1.286	uIU/mL	0.55-4.78	CLIA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE:

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 – 2.500
2nd Trimester	0.200 – 3.000
3rd Trimester	0.300 – 3.000

(Reference range recommended by the American Thyroid Association)

Comments :

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***


Dr. Miti Gupta
 DNB ; MD [Pathology]


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. : 162
NAME : **Mrs. MANJU PARASHARI**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **16/12/2022**
AGE : 48 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	12.3	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	4,500	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	75	%	40-75
Lymphocytes	23	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.20	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.1	%	35-54
M C V	86.0	fL	76-96
M C H	29.0	pg	27.00-32.00
M C H C	34.1	g/dl	30.50-34.50
PLATELET COUNT	2.64	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	14	mm/1st hr.	0 - 20
BIOCHEMISTRY			
Gamma Glutamyl Transferase (GGT)	19	U/L	11-50

HAEMATOLOGY

Report is not valid for medicolegal purpose

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
SERUM CREATININE	0.9	mg/dL.	0.5-1.4
URIC ACID	6.0	mg/dl	3.0-6.0

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	9.0	mg/dl	8.5 - 10.5

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DATE : **16/12/2022**
AGE : 48 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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	6.7	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.6	Gm/dL	2.3 - 3.5
A : G Ratio	1.58		0.0-2.0
SGOT	24	IU/L	0-40
SGPT	17	IU/L	0-40
SERUM ALK.PHOSPHATASE	74	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.

Report is not valid for medicolegal purpose

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DATE : **16/12/2022**
AGE : 48 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	197	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	113	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	22.6	mg/dL.	15 - 40
LDL CHOLESTEROL	125.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.02	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.56	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

Report is not valid for medicolegal purpose

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SAMPLE : BLOOD

DATE : **16/12/2022**
AGE : 48 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
TRANSPARENCY			
Volume	20	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	2-3	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		

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REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **16/12/2022**
AGE : 48 Yrs.
SEX : FEMALE

TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

Shweta

--{End of Report}--

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

Report is not valid for medicolegal purpose

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. : 162
NAME : **Mrs. MANJU PARASHARI**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **16/12/2022**
AGE : 48 Yrs.
SEX : FEMALE

<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)

Report is not valid for medicolegal purpose

PatientID 0001

ExamID 3699

NAME Manju Parusari
u712

Date 12/16/2022

Time 11:13

ExamTime 0:50

(VD = 13.75 mm)

~~Refraction~~

MANIFEST

	SPH	CYL	AXS
<R>	+1.75	0.00	180
<L>	0.00	0.00	180
<FAR VA>			
	R	R+L	L

<ADD>

	R	L
	+1.75	0.00

<NEAR VA>

	R	R+L	L

RM DATA

	SPH	CYL	AXS
<R>	+2.00	+0.50	132
<L>	0.00	0.00	90
<FAR VA>			
	R	R+L	L

FAR PD = 64.0 mm

NEAR PD = 62.0 mm

TOPCON CV-5000

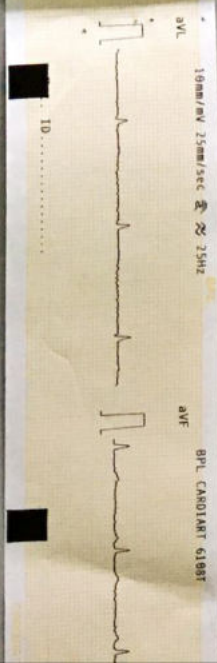
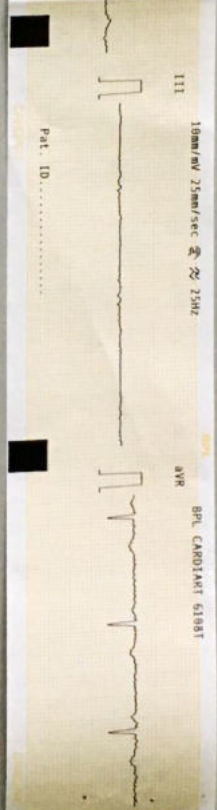
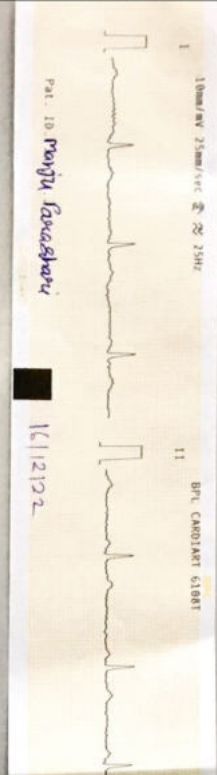
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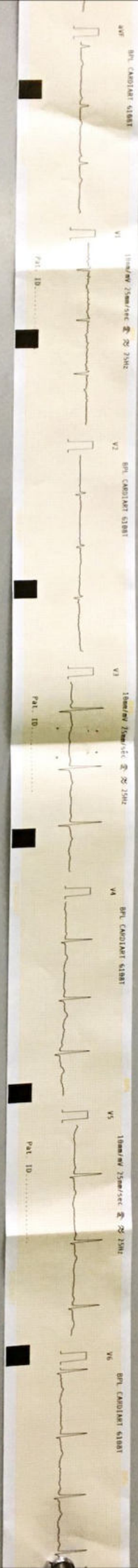
D V_A $\left\{ \begin{array}{l} 6/36 \\ 1MFC \end{array} \right.$ eglas $\left\{ \begin{array}{l} 6/6 \\ 1MFC \end{array} \right.$

M V_A $\left\{ \begin{array}{l} 36 \\ 36P \end{array} \right.$ eglas $\left\{ \begin{array}{l} 6 \\ 36P \end{array} \right.$

$\overset{m}{\text{Ref}}$ $\left\{ \begin{array}{l} +1.75M - 6/6 \\ \text{Plane} \end{array} \right.$

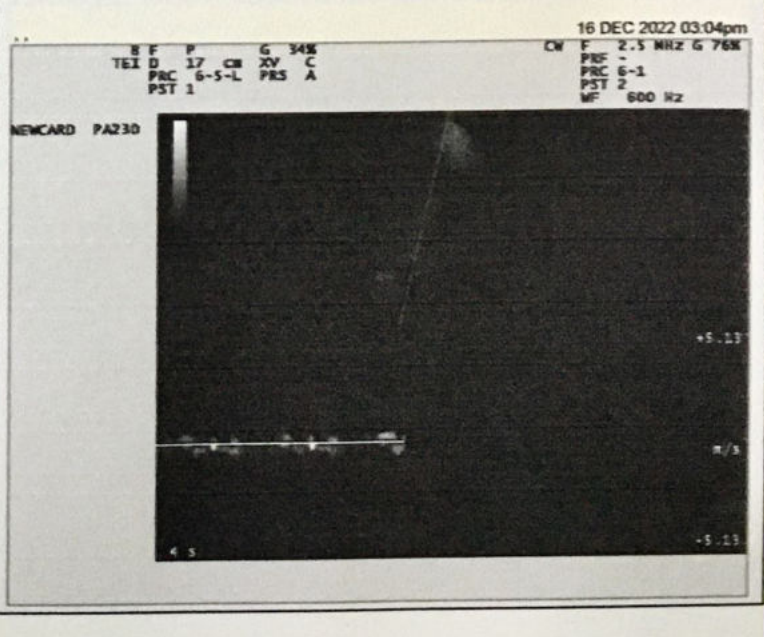
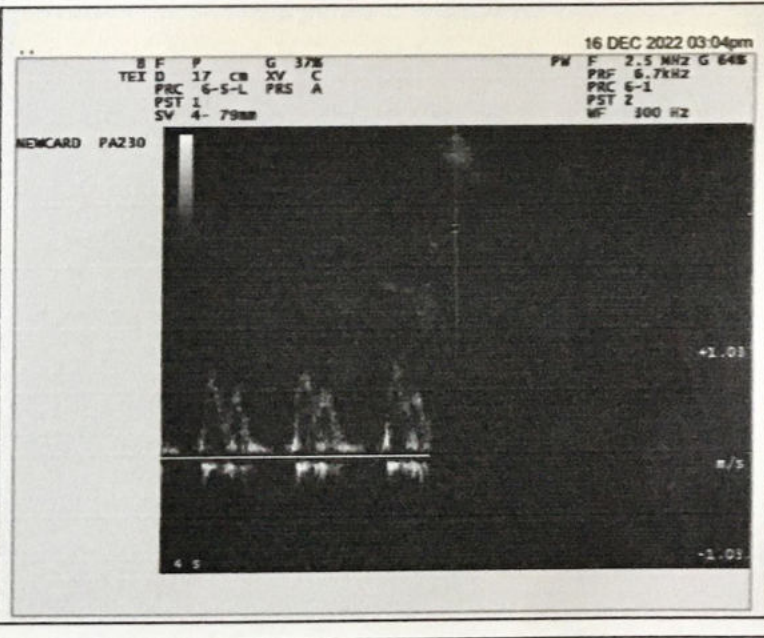
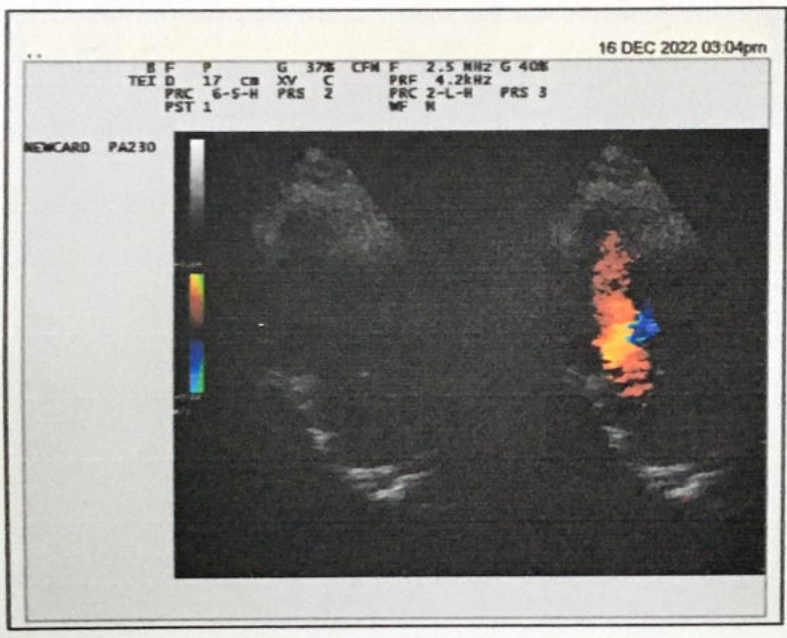
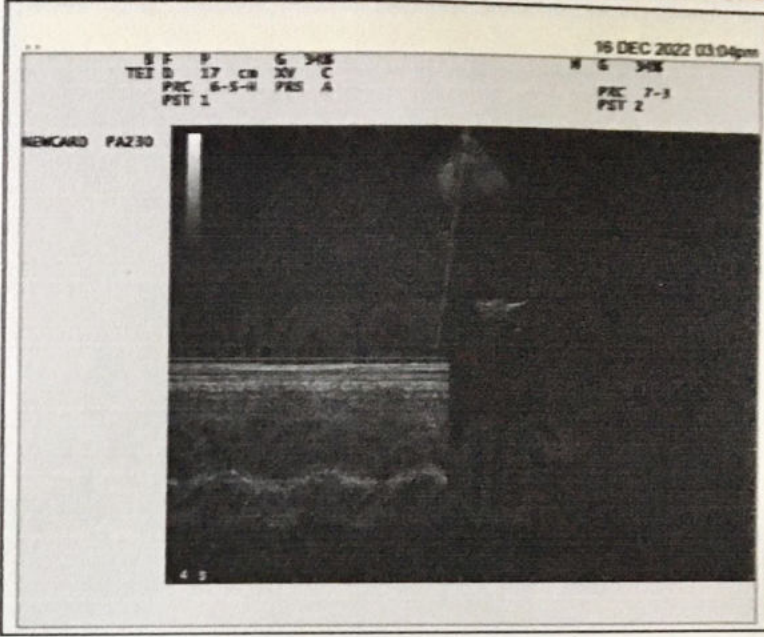
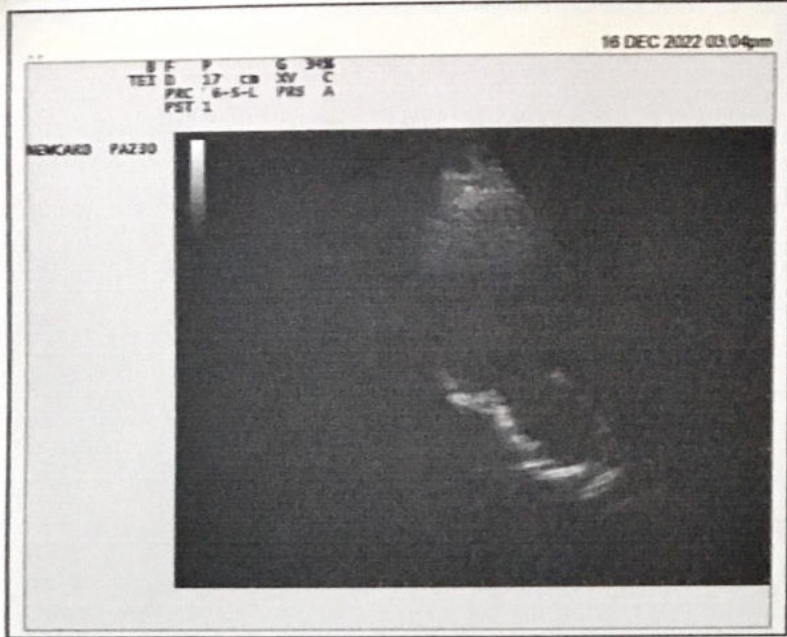
Add +1.75MBE





APPLE CARDIAC CARE, BAREILLY

Esate By...





NAME	Mrs. MANJU PARASARI	AGE/SEX	47 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	16/12/2022

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	2.2 cm	(2.2 –3.7 cm)
LA	3.4 cm	(1.9 –4.0 cm)
<u>LV FUNCTION</u>		
EF	60 %	(54 –76 %)
FS	30 %	(25 –44 %)

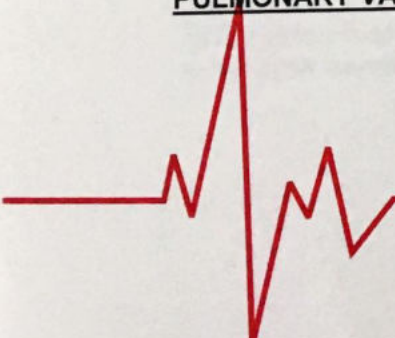
LEFT VENTRICLE : No regional wall motion abnormality
 No concentric left Ventricle Hypertrophy

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:

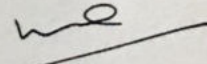
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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
- GRADE I LV DIASTOLIC DYSFUNCTION
- 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.



Patient ID 102218916
Name Mrs. MANJU PARASARI
Sex/Age Female 47 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/12/2022 09:53:05
Reported On 16/12/2022 10:25:40


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 increased.
Both diaphragms are normal in position and contour.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



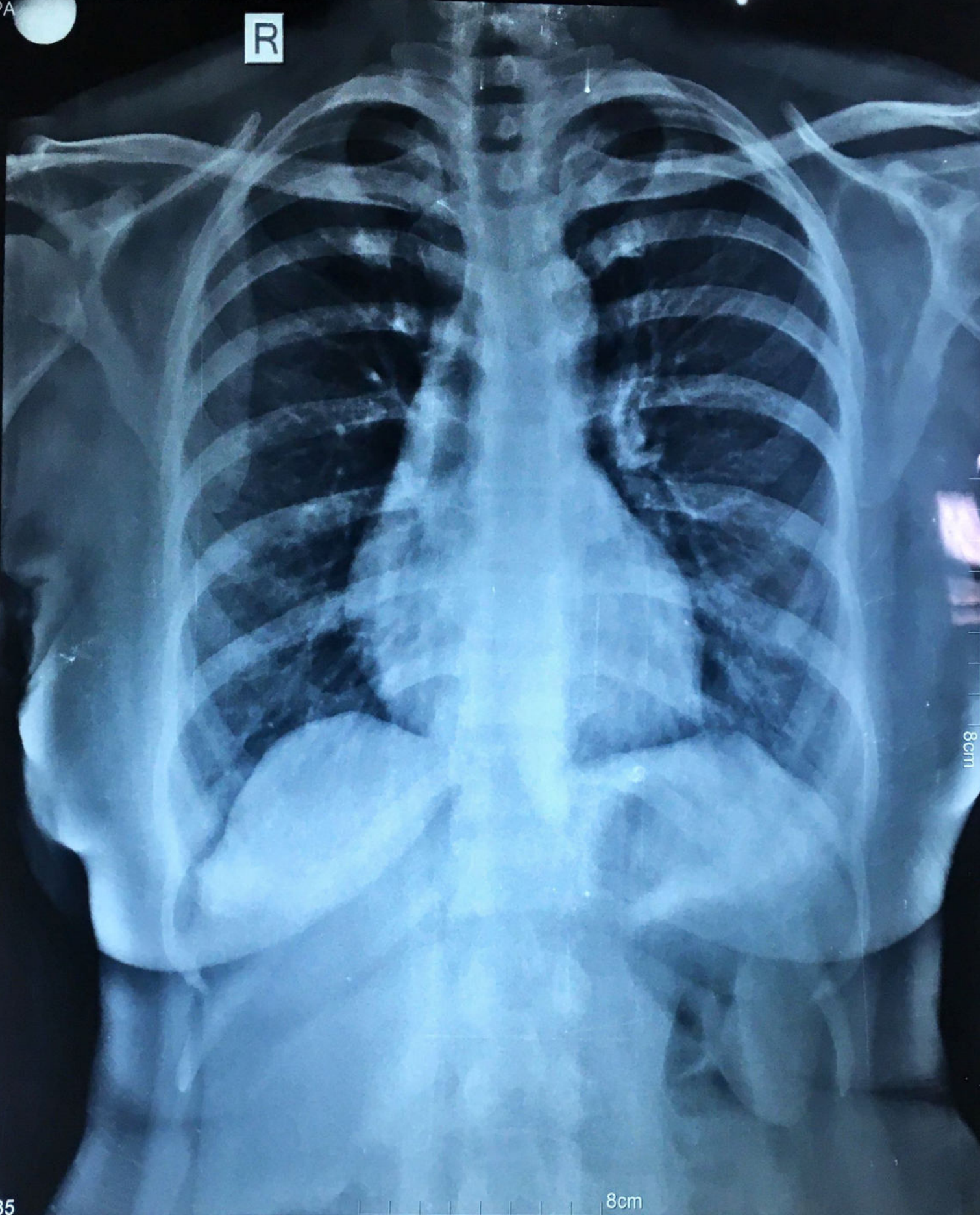

DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No: 1 of 1

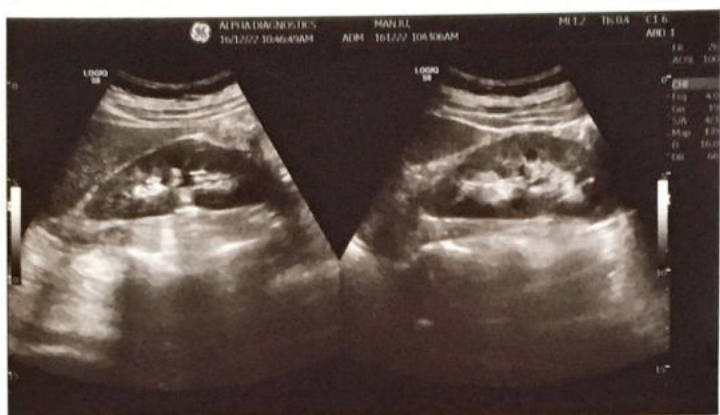


PA

R



8cm





Patient ID 102218915
Name Mrs. MANJU PARASARI
Sex/Age Female 47 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/12/2022 09:52:10
Reported On 16/12/2022 10:52:48

USG WHOLE ABDOMEN

Liver - is normal in size. Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. PV - normal. Porta hepatitis - 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 not visualized (h/o hysterectomy).

No ascites is seen.


IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***




DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1

