

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:

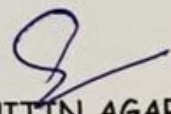
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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.

Adventure 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. : 456
NAME : **Mr. VIKAS SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **16/07/2022**
AGE : 35 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	206	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	156	mg/dl.	30 - 160
HDL CHOLESTEROL	51	mg/dL.	30-70
VLDL CHOLESTEROL	31.2	mg/dL.	15 - 40
LDL CHOLESTEROL	123.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.04	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.43	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

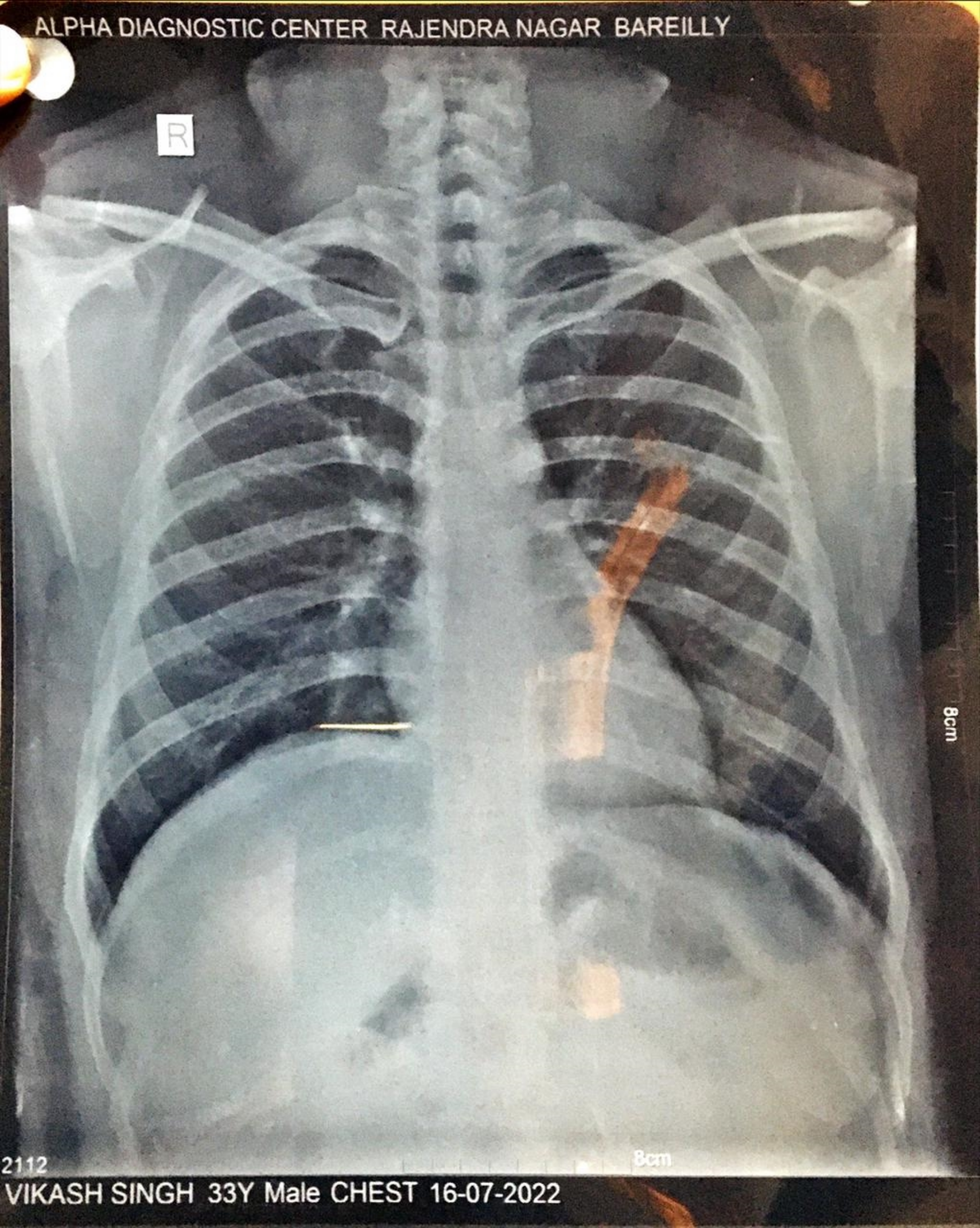
B

Rh

POSITIVE

URINE EXAMINATION

R



8cm

2112

8cm

मिलने पर, निम्नलिखित को लौटाएं

सहायक महाप्रबन्धक (सुरक्षा)

बैंक ऑफ बड़ौदा, कार्पोरेट सेन्टर

सी-26, जी-ब्लॉक, बान्द्रा कुर्ला कॉम्पलेक्स, मुंबई 400 051, भारत

फोन 91 22 5698 5196 फैक्स 91 22 2652 5747

If found, please return to

Asstt. General Manager (Security)

Bank of Baroda, Baroda Corporate Centre

C-26, G-Block, Bandra Complex, Mumbai 400 051, India

Phone : 91 22 5698 5196, F 91 22 2652 5747

रक्त समूह / Blood Group B+

पहचान चिन्ह / Identification Marks Cut Mark on Left Cheek

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

BPL CARDIART 6108T

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

I

II

III

Pat. ID.....

Pikash Singh

16/07/22

Pat. ID.....

BPL CARDIART 6108T

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

BPL CARDIART 6108T

aVR

aVL

aVF

Pat. ID.....

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

BPL CARDIART 6108T

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

V1

V2

V3

Pat. ID.....

Pat. ID.....

BPL CARDIART 6108T

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

BPL CARDIART 6108T

V4

V5

V6

Pat. ID.....

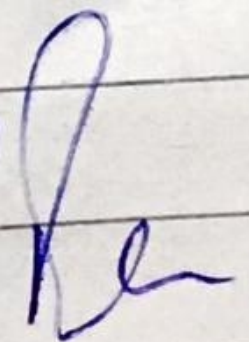


Vikas

VA $\left\{ \begin{array}{l} 6/24 \\ 6/24 \end{array} \right.$

N.V $\left\{ \begin{array}{l} 6 \\ 6 \end{array} \right.$

Ret^m $\left\{ \begin{array}{l} 1.50 DC 53 \\ 1.25 DC 91 \end{array} \right.$

colour vision (a) 

Vikas

PatientID 0011

~~ExamID~~ 3463

NAME

Date 07/16/2022

Time 12:36

ExamTime 85:21

(VD = 13.75 mm)

----- MANIFEST -----

SPH CYL AXS

<R> -1.50 -0.50 53

<L> -1.25 -0.50 91

<FAR VA>

R R+L L

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

SPH CYL AXS

<R> -2.00 -0.50 53

<L> -1.50 -0.50 91

<FAR VA>

R R+L L

FAR PD = 63.0 mm

TOPCON CV-5000



Patient ID 10227448
Name Mr. VIKAS SINGH
Sex/Age Male 33 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/07/2022 10:51:55
Reported On 16/07/2022 11:22:37

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. **Few calculi of size 3mm are seen on right side. Few calculi are seen on left side, largest measuring 6mm at mid calyx.** 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.

Prostate - Size is normal, parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.


IMPRESSION:

- BILATERAL RENAL CALCULI.
- MILD FATTY LIVER.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***




DR KAMAL NAYAN GANGEY
DNB RADIOAIGNOSIS

Page No. 1 of 1





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Ref. By Dr. NITIN AGARWAL

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
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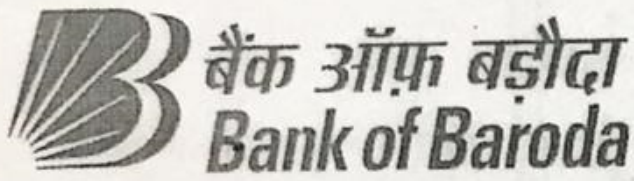
*** End of Report ***




DR KAMAL NAYAN GANGEY
DNB RADIOAIGNOSIS

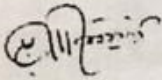
Page No. 1 of 1






नाम - विकास सिंह
Name - VIKAS SINGH

कर्मचारी कूट क्र - 74475
E.C. No. - 74475

जारीकर्ता प्राधिकारी

Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

Reg.NO. : 456
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 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **16/07/2022**
 AGE : 35 Yrs.
 SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
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	0-1	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	CALCIUM OXALATE		NIL
Casts	Nil	/H.P.F.	
Bacteria	NIL		
Other	NIL		
URINE SUGAR PP	NEGATIVE		NIL

Adventure of Apple Cardiac Care

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AGE : 35 Yrs.
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	6.4	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.67		0.0-2.0
SGOT	34	IU/L	0-40
SGPT	38	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.

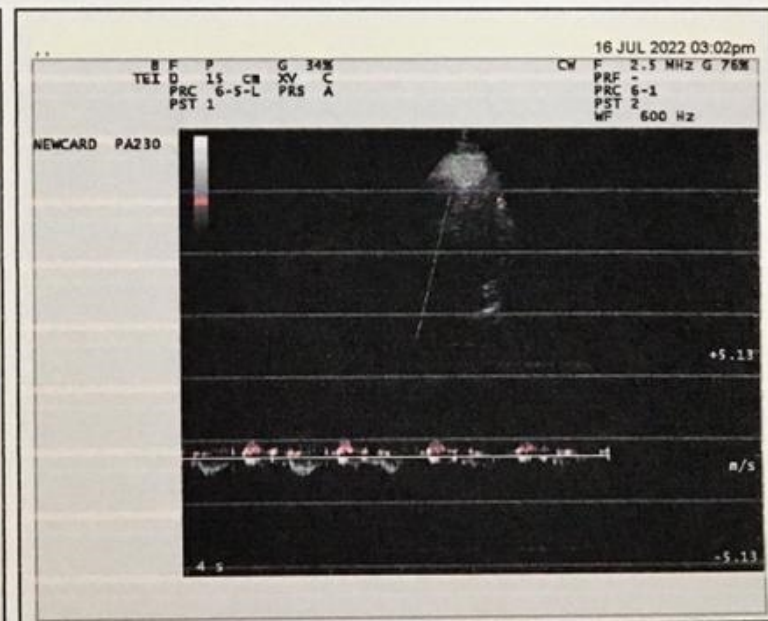
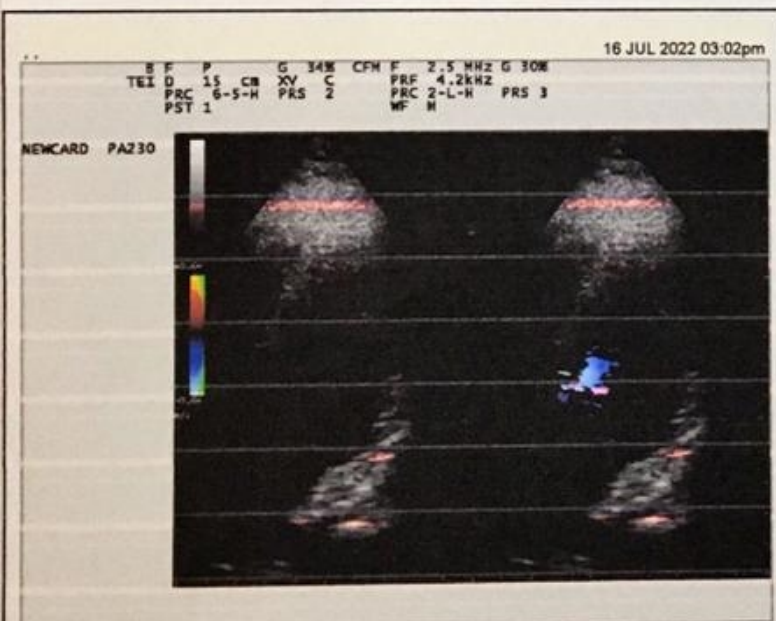
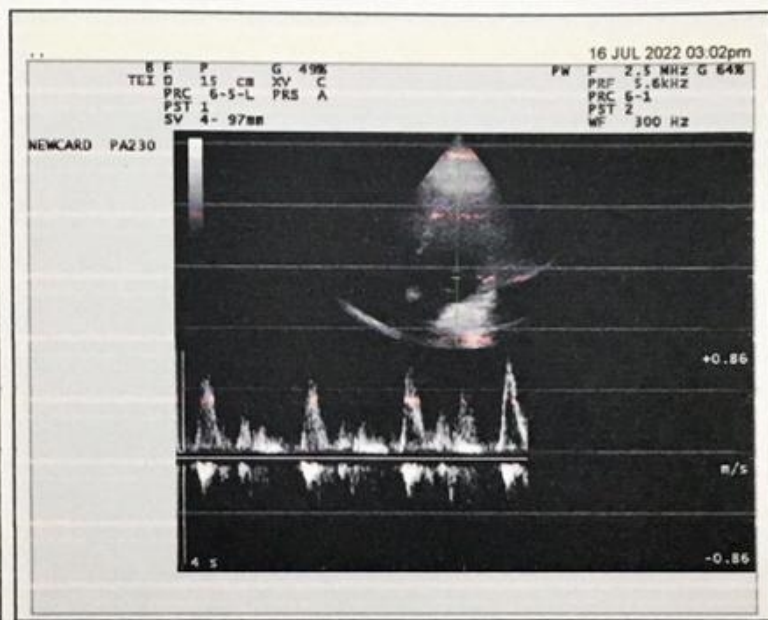
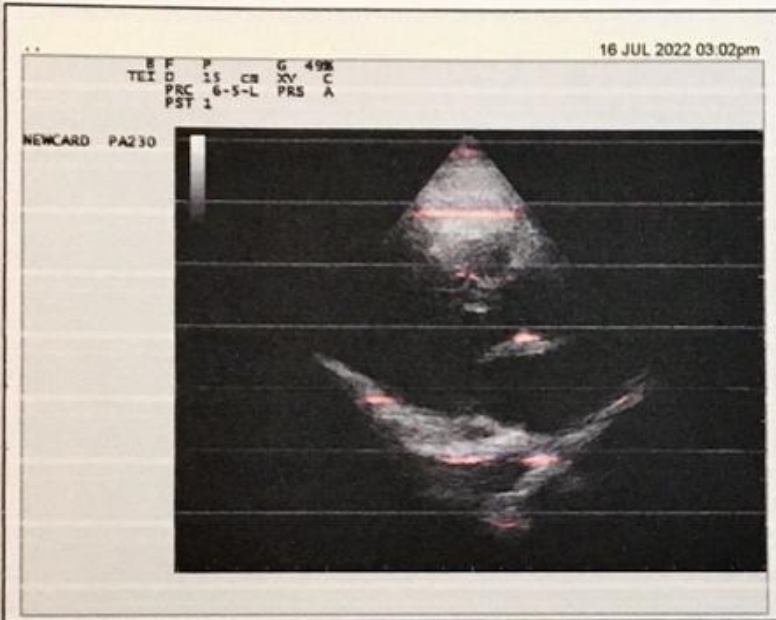
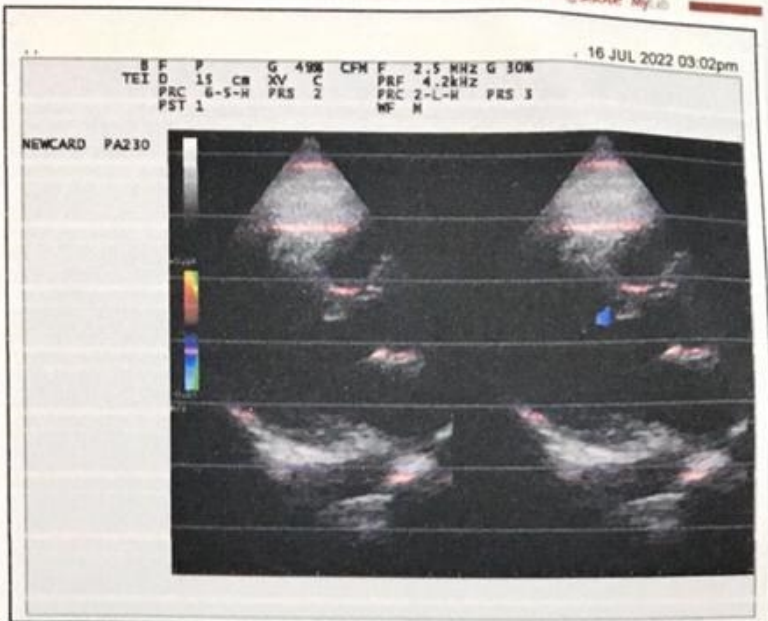
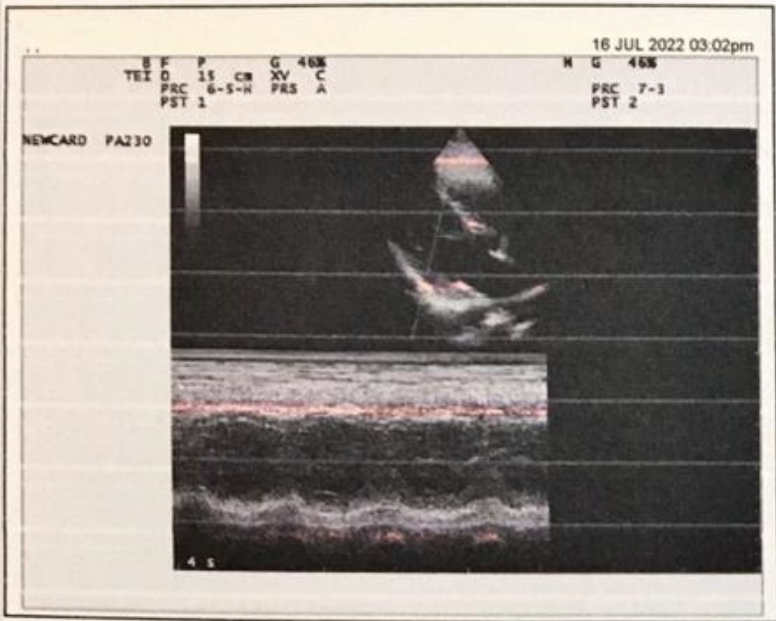
Neonates, 1 to 2 days: 3.4-11.5 mg/dL Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL.

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.

APPLE CARDIAC CARE, BAREILLY

Esote My



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



Vikas Srin

3/2/22

Ons...

16/1/22

12/1/20

10/1/20

5/1/20

*

T-FORTIN (10)

T-F... (10)

Arachidonic, 600 1/yr

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1/yr

डॉ० नितिन अग्रवाल
डी०एम०
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 : 0945888448, 07599031977

VALID FOR 5 DAYS.

पर्चा पाँच दिन के लिये मान्य



venture of Apple Cardiac Care
3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
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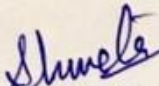


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SEX : MALE

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

--{End of Report}--


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

NAME	Mr. VIKAS SINGH	AGE/SEX	33 Y/M
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	2.3 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 %)
<u>LEFT VENTRICLE</u>	:	No regional wall motion abnormality No concentric left Ventricle Hypertrophy
<u>MITRAL VALVE</u>	:	Thin, PML moves posteriorly during Diastole No SAM, No Subvalvular pathology seen. No mitral valve prolapse calcification .
<u>TRICUSPID VALVE</u>	:	Thin, opening wells. No calcification, No doming . No Prolapse. Tricuspid inflow velocity= 0.7 m/sec
<u>AORTIC VALVE</u>	:	Thin, tricuspid, opening well, central closer, no flutter. No calcification Aortic velocity = 1.3 m/sec
<u>PULMONARY VALVE</u>	:	Thin, opening well, Pulmonary artery is normal EF slope is normal. Pulmonary Velocity = 0.9 m /sec



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

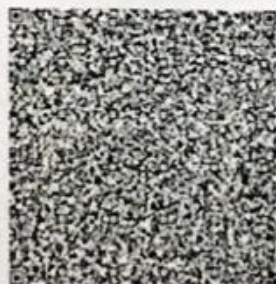
Unique Identification Authority of India
Government of India

नामांकन क्रम/ Enrolment No.: 0648/00086/59010

Download Date: 31/07/2019

To
विकास सिंह
Vikas Singh
C/O Dushyant Singh
House No 120
Kali Bari
Near Holi Chauraha
Bareilly
Bareilly
Bareilly Uttar Pradesh - 243001
9782519411

Signature Not Verified



QR Code with Photograph

Generation Date: 20/09/2014

आपका आधार क्रमांक / Your Aadhaar No. :

3285 6873 4219

VID : 9144 3387 3342 8194

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



विकास सिंह
Vikas Singh
जन्म तिथि/DOB: 30/04/1987
पुरुष/ MALE



3285 6873 4219

VID : 9144 3387 3342 8194

मेरा आधार, मेरी पहचान



Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- 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.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O दुष्यंत सिंह, हाउस न 120, काली बाड़ी, होली
चौराहा के पास, बरेली, बरेली,
उत्तर प्रदेश - 243001

Address:
C/O Dushyant Singh, House No 120, Kali
Bari, Near Holi Chauraha, Bareilly,
Bareilly,
Uttar Pradesh - 243001



3285 6873 4219

VID : 9144 3387 3342 8194

www.aadhaar.gov.in



Patient ID 10227449
Name Mr. VIKAS SINGH
Sex/Age Male 33 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/07/2022 10:53:35
Reported On 16/07/2022 11:16:56


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 NAYANA GANGEY
DNB RADIOAIGNOSIS

Page No. 1 of 1



A Venture of Apple Cardiac Care

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------------------	----------------	--------------	------------------------------

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	13.7	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,100	/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	5.31	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	45.9	%	35-54
M C V	86.4	fL	76-96
M C H	25.8	pg	27.00-32.00
M C H C	29.8	g/dl	30.50-34.50
PLATELET COUNT	2.06	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	5.8		

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

Dr. Nitin Agarwal
(M.D. CARDIOLOGY)

NO ADMITTANCE
PERMITTED
WHEN THE
DOOR IS
CLOSED
EXCEPT BY
THE
PERSON
WHOSE
NAME IS
ON THE
LIST

