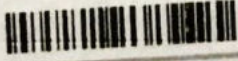




भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

W/O नवल सिंह, 48-आ वैभव सन  
सिटी विस्तार, बरेली, इन्जलत नगर,  
बरेली, उत्तर प्रदेश, 243122

Address:  
W/o Naval Singh, 48-a Vaibhav  
Sun City Vistar, Bareilly, Izzat  
Nagar, Bareilly, Uttar Pradesh,  
243122



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Bengaluru-560 001



भारत सरकार  
GOVERNMENT OF INDIA



जयश्री सिंह  
Jaishree Singh  
DOB: 12-04-1974  
Gender: Female



3406 0245 7850

आधार - आम आदमी का अधिकार

*Jaishree Singh*

# 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

जाति सुरा

04/11/2022

2611122

116170

822

95

\* T-Furkan

(12)

—

8

—

1mm

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

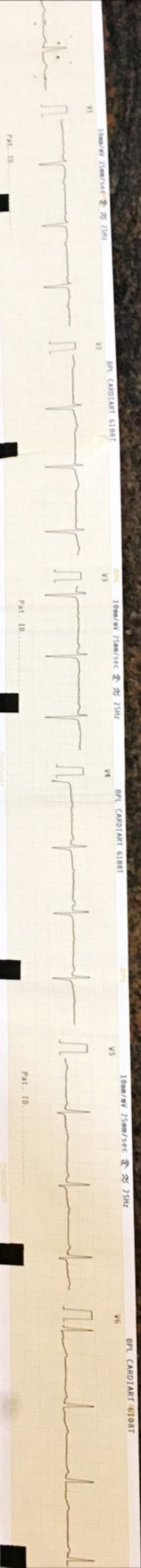
**OPD Timings : 12.00 Noon to 04.00 pm, Sunday : 12.00 Noon to 3.00 pm**

नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977

**VALID FOR 5 DAYS.**

**पर्चा पाँच दिन के लिये मान्य**





Patient ID 0010

Exam ID 3672

NAME Jai Shri Singh 4812

Date 11/26/2022

Time 12:32

ExamTime 75:03

( VD = 13.75 mm )

~~Refraction~~  
MANIFEST

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

<ADD>

	R	L	
	+1.75	+1.75	
<NEAR VA>			
	R	R+L	L

RM DATA

	SPH	CYL	AXS
<R>	+0.50	0.00	180
<L>	+0.50	-0.25	128
<FAR VA>			
	R	R+L	L

FAR PD = 55.0 mm

NEAR PD = 62.0 mm

TOPCON CV-5000

Jaishri Singh 48P

DVA  $\left\{ \begin{array}{l} 619 \\ 619 \end{array} \right.$  +0.50M — 616  
+0.50M — 616

MVA  $\left\{ \begin{array}{l} 12 \text{ GP } +1.75 \\ 12 \text{ GP } +1.75 \end{array} \right.$  Add 6  
6

# APPLE CARDIAC CARE, BAREILLY

saote MyLab

26 NOV 2022 03:12pm

B F P G 43%  
TEI D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

NEWCARD PA230

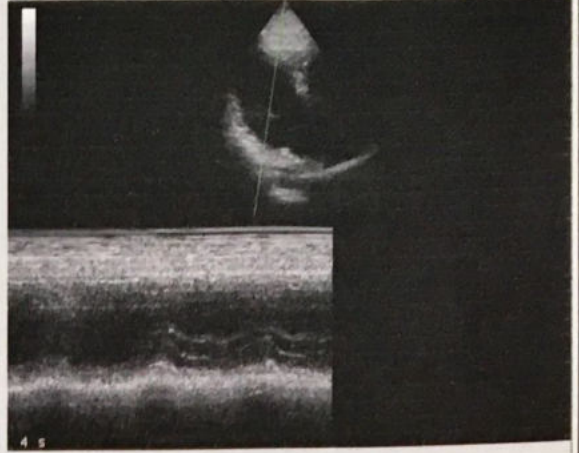


26 NOV 2022 03:12pm

B F P G 43%  
TEI D 15 CM XV C  
PRC 6-5-H PRS A  
PST 1

M G 43%  
PRC 7-3  
PST 2

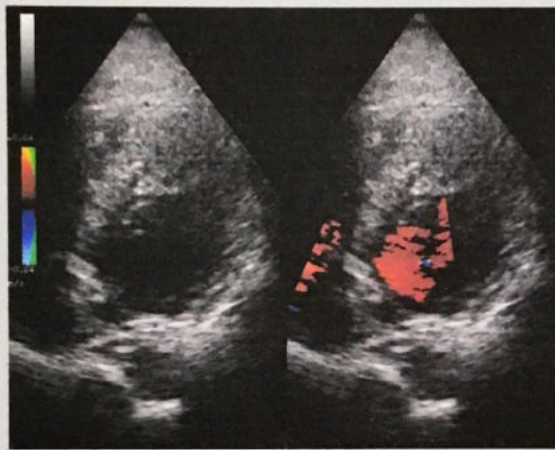
NEWCARD PA230



26 NOV 2022 03:12pm

B F P G 46% CPM F 2.5 MHz G 40%  
TEI D 15 CM XV C PRF 4.2KHZ  
PRC 6-5-H PRS 2 PRC 2-L-H PRS 3  
PST 1 WF M

NEWCARD PA230

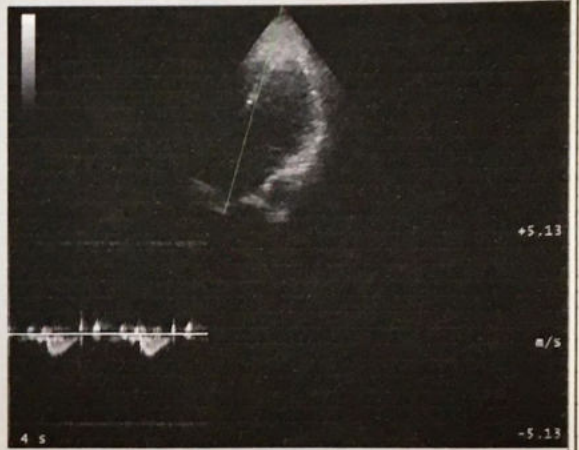


26 NOV 2022 03:12pm

B F P G 43%  
TEI D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

CW F 2.5 MHz G 76%  
PRF -  
PRC 6-1  
PST 2  
WF 600 Hz

NEWCARD PA230

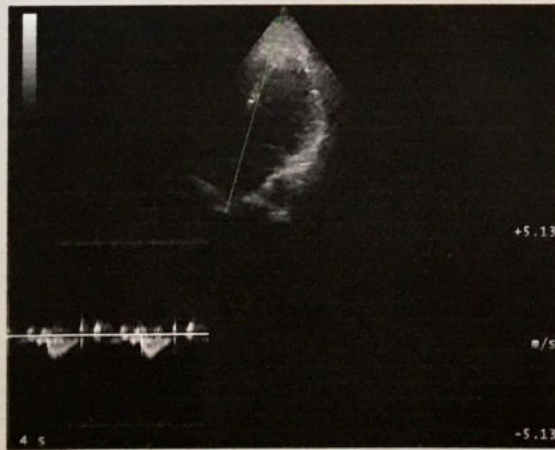


26 NOV 2022 03:12pm

B F P G 43%  
TEI D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

CW F 2.5 MHz G 76%  
PRF -  
PRC 6-1  
PST 2  
WF 600 Hz

NEWCARD PA230



26 NOV 2022 03:12pm

B F P G 43%  
TEI D 15 CM XV C  
PRC 6-5-L PRS A  
PST 1

NEWCARD PA230





<b>NAME</b>	Mrs. JAISHREE SINGH	<b>AGE/SEX</b>	48 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	26/11/2022

## 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)	2.4 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	2.8 cm	( 1.9 –4.0 cm)
<b><u>LV FUNCTION</u></b>		
EF	60 %	( 54 –76 % )
FS	30 %	( 25 –44 %)

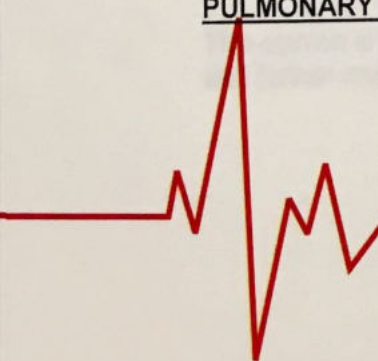
**LEFT VENTRICLE** : No regional wall motion abnormality  
 No concentric left Ventricle Hypertrophy

**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



Reg.NO. : 184  
NAME : **Mrs. JAISHREE SINGH**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **26/11/2022**  
AGE : 48 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	12.2	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	7,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	31	%	20-45
Eosinophils	04	%	01-08
TOTAL R.B.C. COUNT	4.57	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	37.4	%	35-54
M C V	81.8	fL	76-96
M C H	<b>26.7</b>	pg	27.00-32.00
M C H C	32.6	g/dl	30.50-34.50
PLATELET COUNT	2.72	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R. (Westergren Method)	15	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	6.0		

### 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

**Report is not valid for medicolegal purpose**

Adventure of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
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**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 184  
NAME : **Mrs. JAISHREE SINGH**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **26/11/2022**  
AGE : 48 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	98	mg/dl	60-100
BLOOD UREA NITROGEN	16	mg/dL.	5 - 25
SERUM CREATININE	0.9	mg/dL.	0.5-1.4
URIC ACID	6.0	mg/dl	0-6
<b>CLINICAL SIGNIFICANCE:</b>			
Analysis of synovial fluid plays a major role in the diagnosis of joint disease.			
SERUM SODIUM (Na)	138	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	5.0	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	8.8	mg/dl	8.5 - 10.5

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SAMPLE : BLOOD

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AGE : 48 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.5	mg/dL	0.3-1.2
DIRECT	0.3	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	6.7	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.68		0.0-2.0
SGOT	<b>47</b>	IU/L	0-40
SGPT	<b>50</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	88	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.

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**APPLE**  
**PATHOLOGY**  
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AGE : 48 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>209</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	125	mg/dl.	30 - 160
HDL CHOLESTEROL	51	mg/dL.	30-70
VLDL CHOLESTEROL	25	mg/dL.	15 - 40
LDL CHOLESTEROL	<b>133</b>	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.10	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.61	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 : O  
Rh : POSITIVE

### BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT) : 34 U/L 11-50

### URINE EXAMINATION

**Report is not valid for medicolegal purpose**

**Adventure of Apple Cardiac Care**

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DATE : **26/11/2022**  
 AGE : 48 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	1-2	/H.P.F.	
Epithelial Cells	1-2	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR P.P.	<b>154</b>	mg/dl	80-140

**Report is not valid for medicolegal purpose**

venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,  
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**APPLE**  
**PATHOLOGY**  
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NAME : **Mrs. JAISHREE SINGH**  
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SAMPLE : BLOOD

DATE : **26/11/2022**  
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SEX : FEMALE

**TEST NAME**

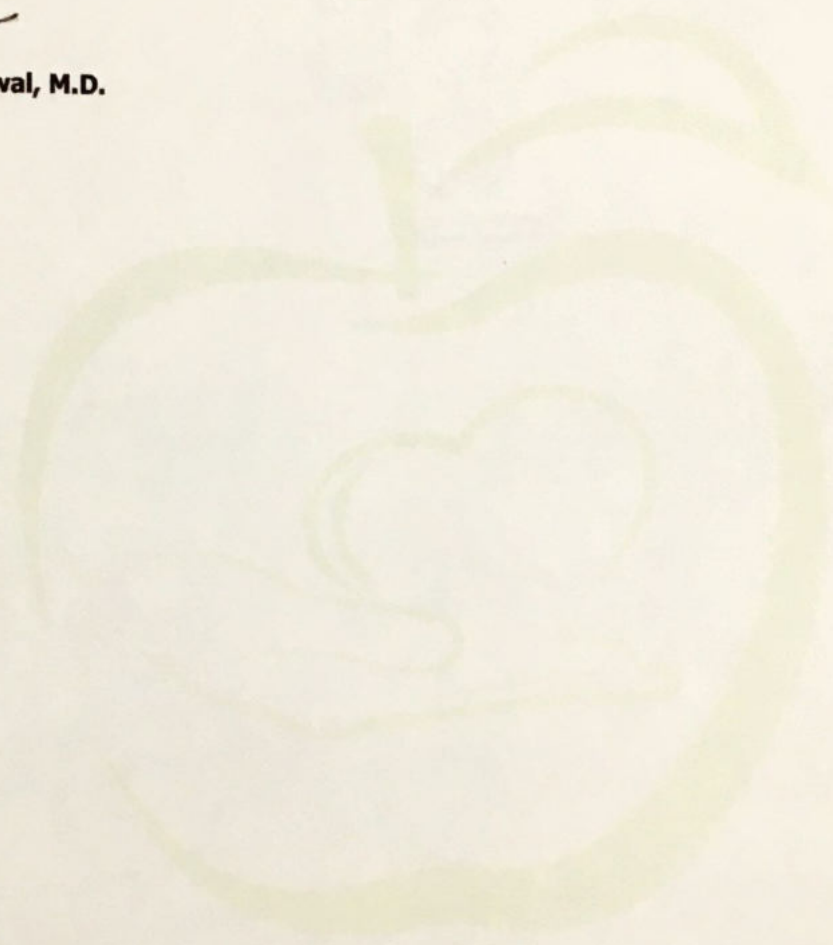
**RESULTS**

**UNITS BIOLOGICAL REF. RANGE**

*Shweta*

--{End of Report}--

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



**Report is not valid for medicolegal purpose**







**Patient ID** 102217370  
**Name** Mrs. JAISHREE SINGH  
**Sex/Age** Female 48 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 26/11/2022 10:22:22  
**Reported On** 26/11/2022 11:11:51

### USG WHOLE ABDOMEN

**Liver** - is borderline enlarged 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 not visualized ( h/o hysterectomy ).

No ascites is seen.

#### IMPRESSION:

- **GRADE I FATTY LIVER.**

ADV - PLEASE CORRELATE CLINICALLY.

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



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

Page No. 1 of 1





**Patient ID** 102217371  
**Name** Mrs. JAISHREEE SINGH  
**Sex/Age** Female 48 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 26/11/2022 10:23:50  
**Reported On** 26/11/2022 10:47:27


### 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 \*\*\*

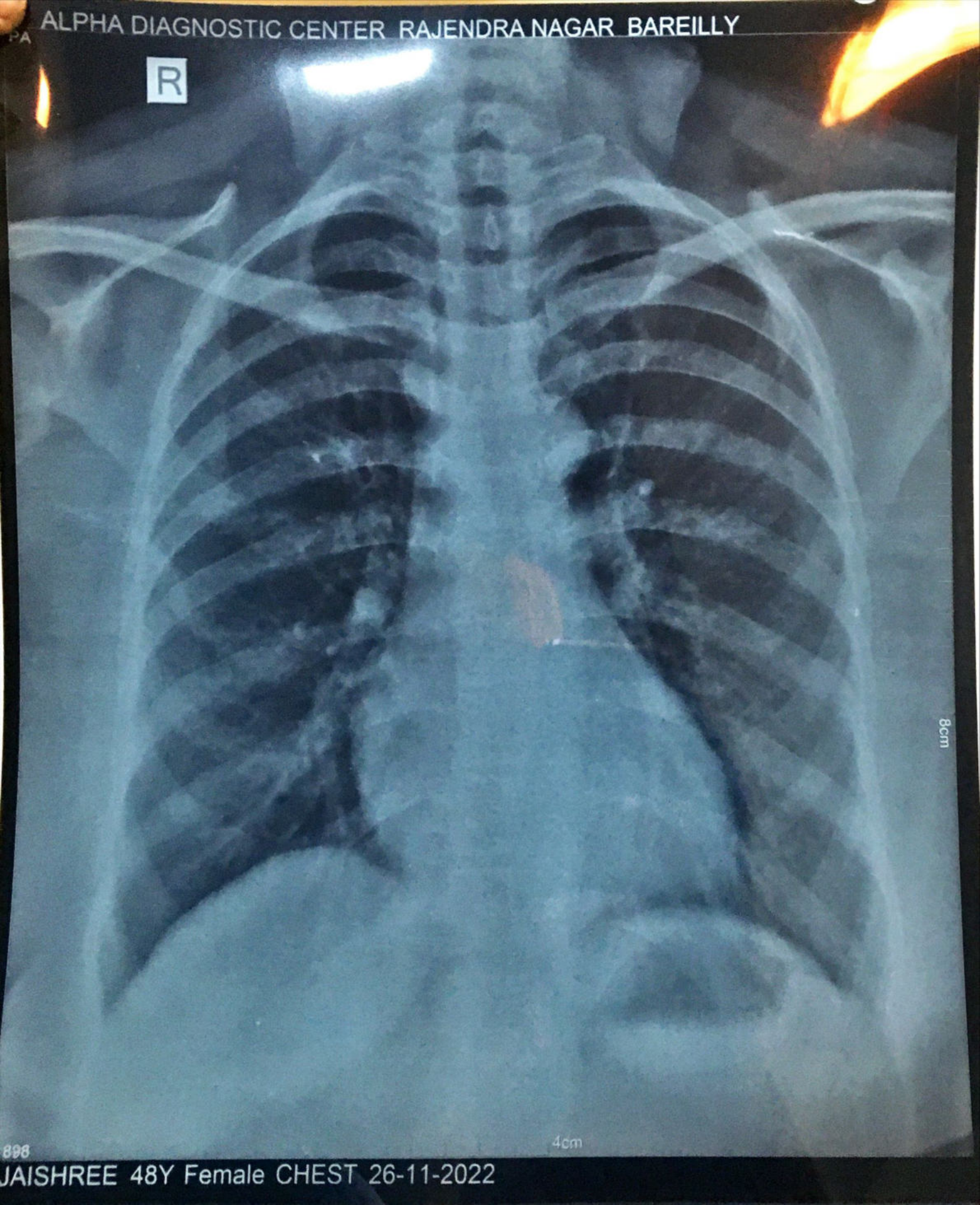


  
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

Page No. 1 of 1



R



8cm

4cm