



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : W/O मनप्रीत सिंह मल्होत्रा, नियर ताज गत्ता फैक्ट्री, 3, शिव सागर आवास प्रेम  
नगर, बरेली, उत्तर प्रदेश, 243001

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भारत सरकार  
GOVERNMENT OF INDIA



रुपिंदर कौर मल्होत्रा  
Rupinder Kaur Malhotra  
जन्म वर्ष / Year of Birth : 1966  
महिला / Female

4662 4188 7142



आधार – आम आदमी का अधिकार

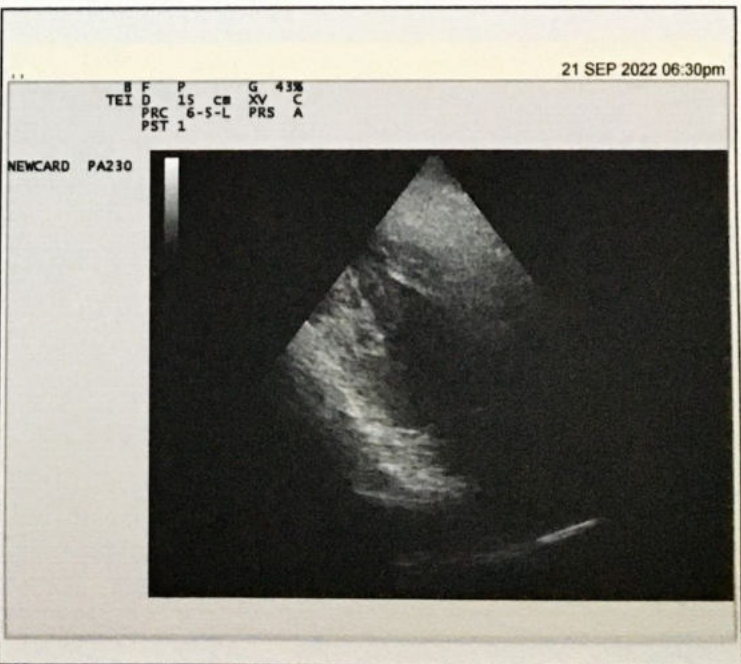
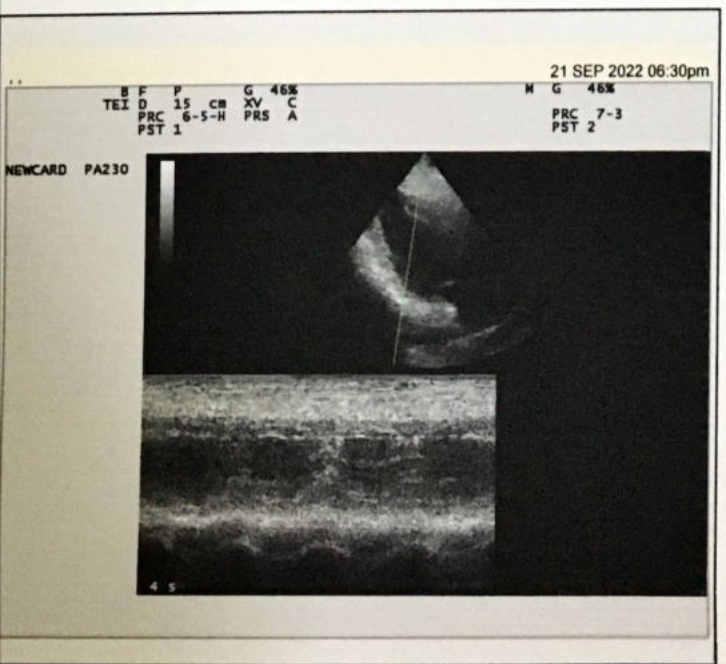
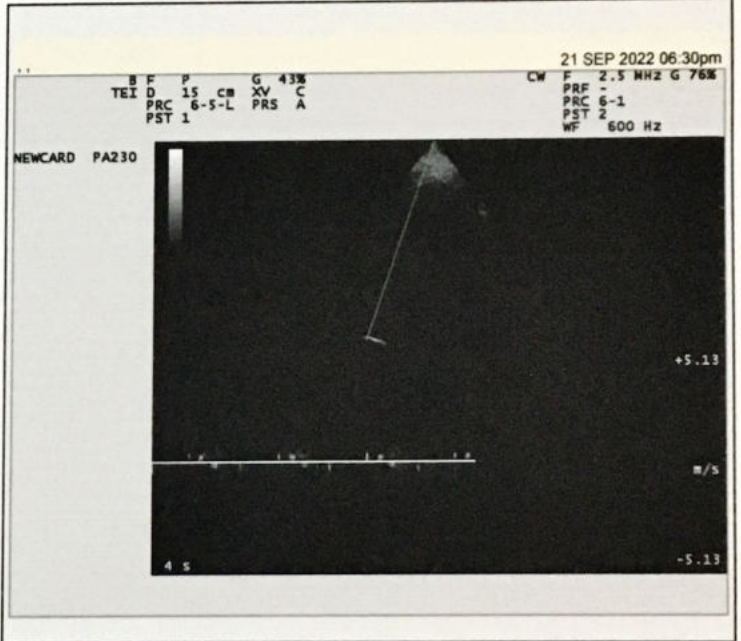
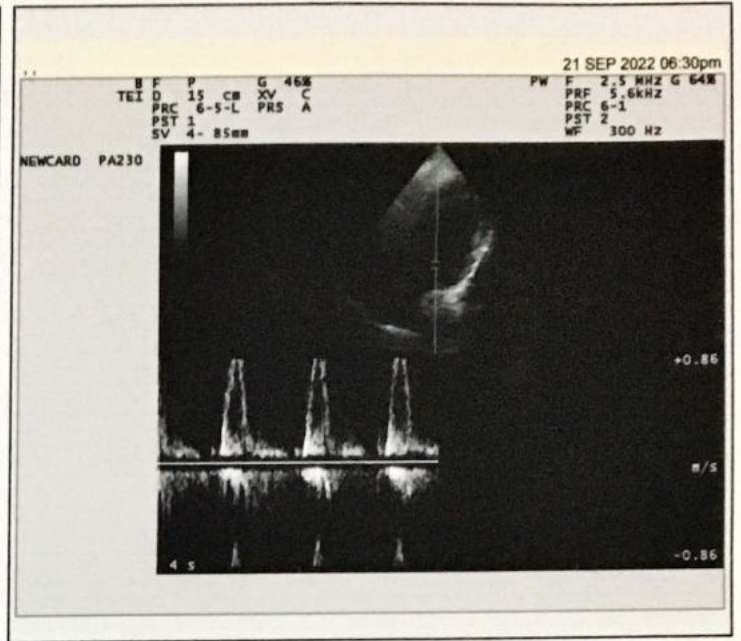
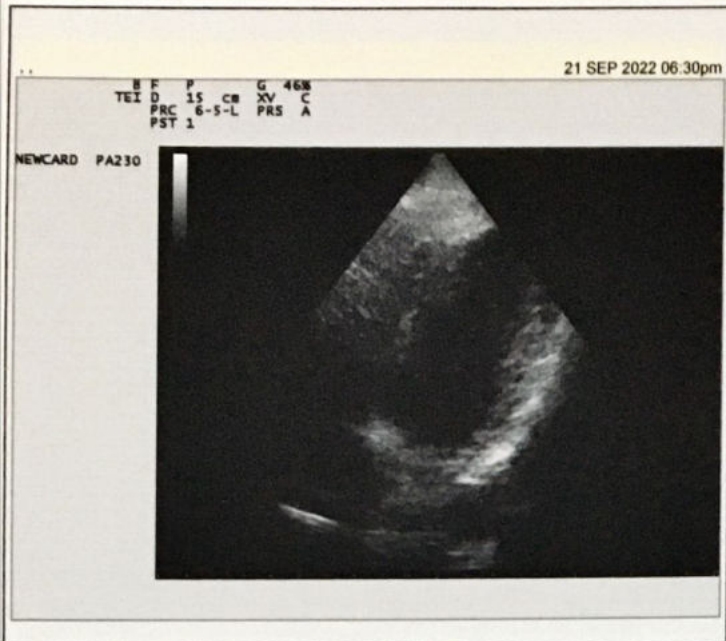
*for Mandatory Health  
check up. only*

*Rupinder/Kaur*



# APPLE CARDIAC CARE, BAREILLY

saote Mylab





<b>NAME</b>	Mrs. RUPINDRA KAUR	<b>AGE/SEX</b>	56 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	21/09/2022

### **ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY**

<b><u>MEASUREMENTS</u></b>	<b><u>VALUE</u></b>	<b><u>NORMAL DIMENSIONS</u></b>
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	2.5 cm	( 2.2 –3.7 cm)
LA	3.3 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= 0.6 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.



**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. : 398  
NAME : **Mrs. RUPINDER KAUR**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD URINE

DATE : **21/09/2022**  
AGE : 56 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	12.6	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	7,800	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	27	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.57	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	38.6	%	35-54
M C V	83.5	fl	76-96
M C H	<b>26.5</b>	pg	27.00-32.00
M C H C	31.3	g/dl	30.50-34.50
PLATELET COUNT	2.64	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R. (Westergren Method)	12	mm/1st hr.	0 - 20
<b>BLOOD GROUP</b>			
Blood Group	B		
Rh	POSITIVE		



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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN	5.6		

**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**

BLOOD SUGAR F.	75	mg/dl	60-100
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 impairement 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	0.9	mg/dL.	0.5-1.4
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**Signature of Apple Cardiac Care**

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

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NAME : <b>Mrs. RUPINDER KAUR</b>	AGE : 56 Yrs.
REFERRED BY : Dr.Nitin Agarwal (D M)	SEX : FEMALE
SAMPLE : BLOOD URINE	

<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
URIC ACID	5.1	mg/dl	0-6

**CLINICAL SIGNIFICANCE:**

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

**LIVER PROFILE****SERUM BILIRUBIN**

TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4

**SERUM PROTEINS**

Total Proteins	6.6	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.75		0.0-2.0
SGOT	32	IU/L	0-40
SGPT	21	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.

Gamma Glutamyl Transferase (GGT)	31	U/L	11-50
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<b>TEST NAME</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF. RANGE</b>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	144	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	105	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	21	mg/dL.	15 - 40
LDL CHOLESTEROL	75	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.56	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



Reg.NO. : 398  
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	5.0		
TRANSPARENCY			
Volume	30	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
BILE SALTS	NEGATIVE		NEGATIVE
BILE PIGMENT	NEGATIVE		NEGATIVE
Phosphates	Absent		Nil
<b>MICROSCOPIC EXAMINATION</b>			
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		



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*Shweta*

--{End of Report}--

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



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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR P.P.	95	mg/dl	80-140

--{End of Report}--

*Shweta*

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





<b>Visit ID</b> : MBAR23384	Registration : 21/Sep/2022 05:35PM
UHID/MR No : ABAR.0000023380	Collected : 21/Sep/2022 05:46PM
<b>Patient Name</b> : Mrs.RUPINDRA KAUR	Received : 21/Sep/2022 05:48PM
Age/Gender : 56 Y 0 M 0 D /F	Reported : 21/Sep/2022 06:32PM
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 : A3186236

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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TSH - ULTRASENSITIVE

Sample Type : Serum

Ultrasensitive TSH	3.411	uIU/mL	0.55-4.78	CLIA
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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

Age	Ultrasensitive TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References 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 \*\*\*

*Miti*

Dr. Miti Gupta  
DNB ; MD [Pathology]





**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

Discharge
Family

Letter
Letter

21/9/22

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140120

22-9

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i. Euthyrox  
 (100+25)

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(57)

i. Khyet 025

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(25)

i. Khyet 025

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(25)



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**



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

BPL CARDIART 6108T

BPL-02

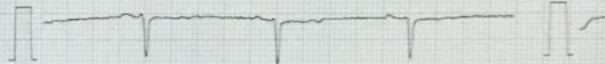
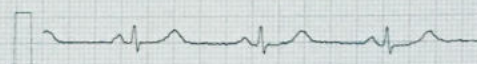
10mm/mV 25mm/sec  $\approx$  25Hz

I

II

III

aVR



Pat. ID Rupindra Kaur

21/09/22

Pat. ID .....

CARDIART

CARDIART



BPL CARDIART 6108T

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

BPL CARDIART 6108T

aVL

aVF

V1



Pat. ID.....

CARDIART

CARDIART

CARDIART



25Hz

BPL CARDIART 6108T

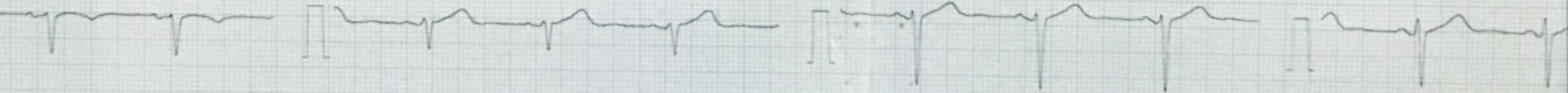
V2

10mm/mV 25mm/sec 25Hz

V3

BPL CARDIART 6108T

V4



Pat. ID.....

CARDIART

CARDIART



BPL CARDIART 6108T

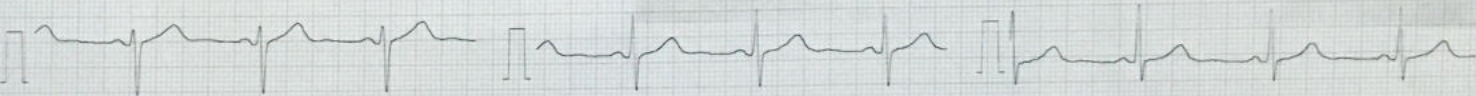
10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T <sup>02</sup>

V4

V5

V6



Pat. ID.....

CARDIART

CARDIART









**Patient ID** 102212403  
**Name** Mrs. RUPINDER KAUR  
**Sex/Age** Female 56 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 21/09/2022 11:29:14  
**Reported On** 21/09/2022 12:12:02

### USG SONOMAMMOGRAPHY BOTH

Shows normal fibro-glandular tissue echogenicity in both breasts.

No evidence of calcification is seen.

No mass lesion is seen.

No evidence of abnormal axillary lymph node enlargement noted.

#### IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

ADV - PLEASE CORRELATE CLINICALLY.

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

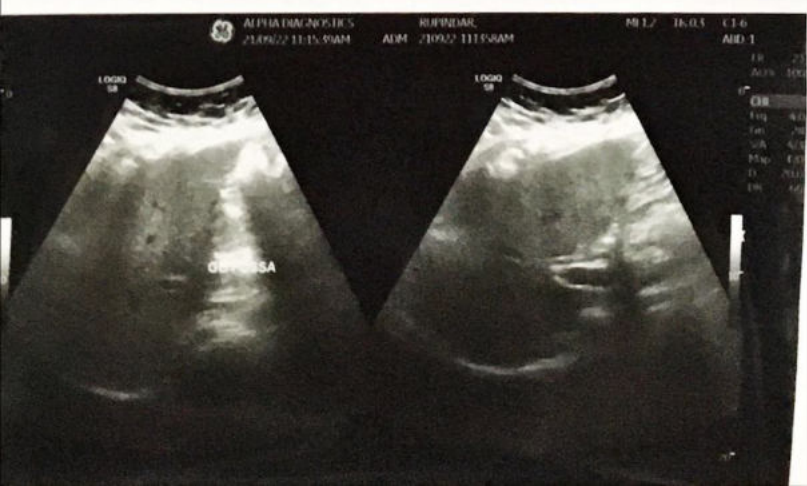
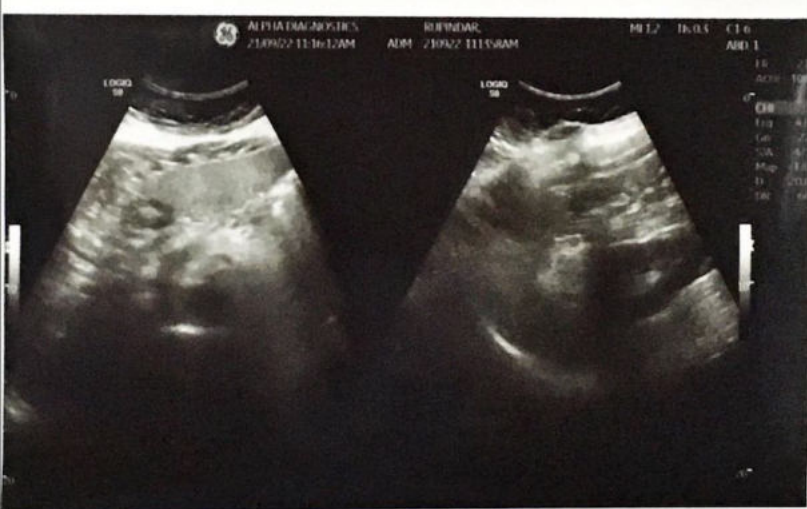
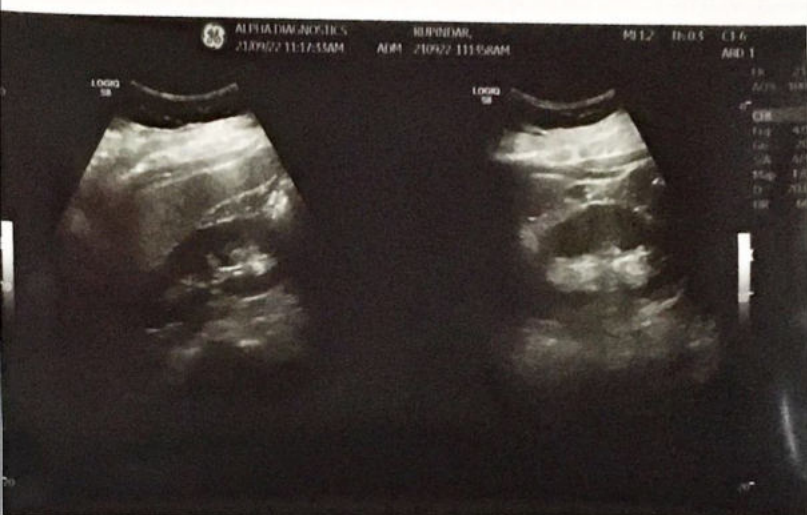


  
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

Page No. 1 of 1











**Patient ID** 102212388  
**Name** Mrs. RUPINDER KAUR  
**Sex/Age** Female 56 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 21/09/2022 10:20:33  
**Reported On** 21/09/2022 11:22:17

### USG WHOLE ABDOMEN

**Liver** - is borderline enlarged in size with diffuse fatty changes obscuring visualization of posterior region. No IHBRD / focal SOL is seen. PV - normal. Porta hepatis - normal.

**Gall bladder** - Is not visualized ( h/o cholecystectomy ). 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** - partially distended.

**Uterus** - is grossly normal.

No ascites is seen.

#### IMPRESSION:

- **GRADE II FATTY LIVER.**

ADV - PLEASE CORRELATE CLINICALLY.

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



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

Page No. 1 of 1







**Patient ID** 102212389  
**Name** Mrs. RUPINDER KAUR  
**Sex/Age** Female 56 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 21/09/2022 10:22:39  
**Reported On** 21/09/2022 10:51:24


### 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.  
Both diaphragms are normal in position and contour.

**ADV** – PLEASE CORRELATE CLINICALLY.

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



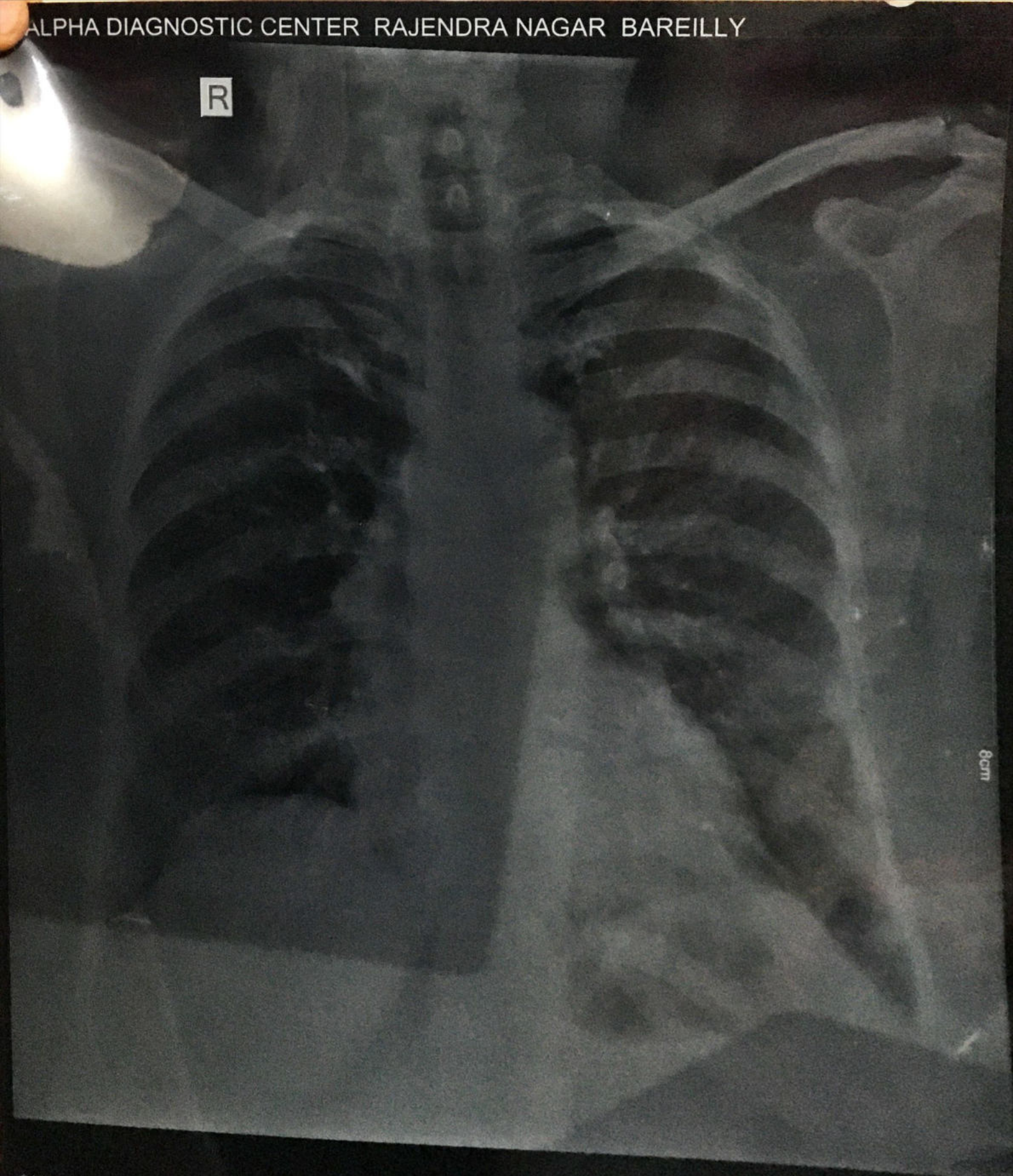
  
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

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R



8cm

8cm



**Dr. Nitin Agarwal**  
DM (CARDIOLOGY)

NO ADMISSION WITHOUT  
PERMISSION  
बिना अनुमति प्रवेश न करें।  
BEFORE ENTERING  
SWITCHED OFF OR SILENCE  
YOUR CELL PHONE  
आपके मोबाइल फोन को बंद  
करें या सILENCE पर रखें।

