

I 10mm/mV 25mm/sec 25 25Hz

II BPL CARDIART 6108T

III 10mm/mV 25mm/sec 25 25Hz

aVR BPL CARDIART 6108T

aVL 10mm/mV 25mm/sec 25 25Hz

Pat. ID. *Skilpa!*

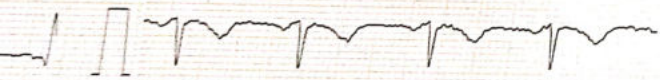
*Normal*  
*सिनस रिथम*  
*इसका रंग वाशुन*

Pat. ID. ....

Pat. ID. ....

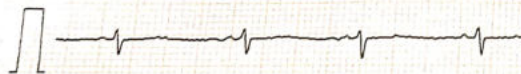
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aVR



10mm/mV 25mm/sec 25Hz

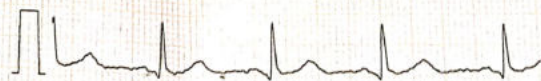
aVL



Pat. ID.....

BPL CARDIART 6108T

aVF



10mm/mV 25mm/sec 25Hz

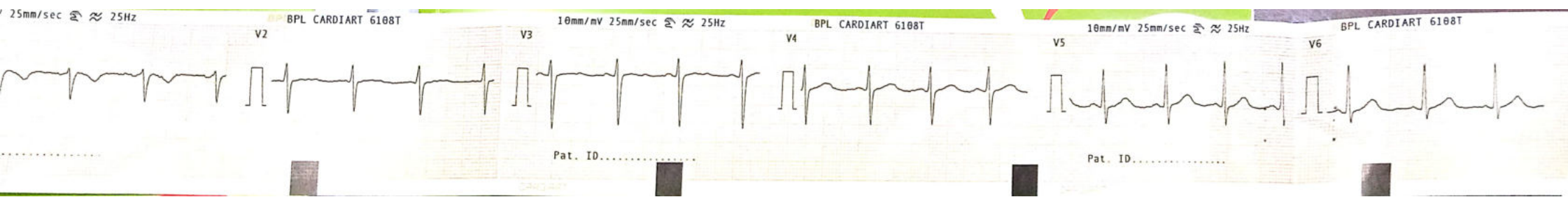
V1



Pat. ID.....

CARDIART

CARDIART



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

Ship. Cost

11512

12020

227

60

Asynthetic

0

2.12

A-3, EKTA NAGAR, (OPP CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHALURAH, 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.

एक ही दिन के लिये मान्य





॥ ॐ गणेशाय नमः ॥

# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**

MBBS (KGMU), MD (RADIOLOGY)

CONSULTANT INTERVENTIONAL RADIOLOGIST  
FORMER SR. REGISTRAR - APOLLO HOSPITAL, NEW DELHI  
LIFE MEMBER OF IRIA

Timings : 9:00 am to 9:00 pm, Sunday 9.00 am to 3.00 pm ☎ 8392957683, 6395228718

MRS. SHILPI GUPTA  
DR. NITIN AGARWAL, DM

11-03-2023

## REPORT

EXAMINATION PERFORMED: X-RAY CHEST

B/L lung fields are clear

Both of the CP angles are clear.

Both hila show a normal pattern .

Cardiac and mediastinal borders appear normal.

Visualized bony thorax and soft tissue of the chest wall appear normal.

IMPRESSION ---NO SIGNIFICANT ABNORMALITY IS SEEN

Not for medico-legal purpose

DR LOKESH GOYAL  
MD  
RADIODIAGNOSIS

डिजिटल एक्स-रे, मल्टी स्लाइस  
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL PURPOSE









<b>NAME</b>	Mrs. SHILPI GUPTA	<b>AGE/SEX</b>	40 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	11/03/2023

## 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	2.6 cm	( 2.2 –3.7 cm)
LA	3.1 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= 0.8 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**

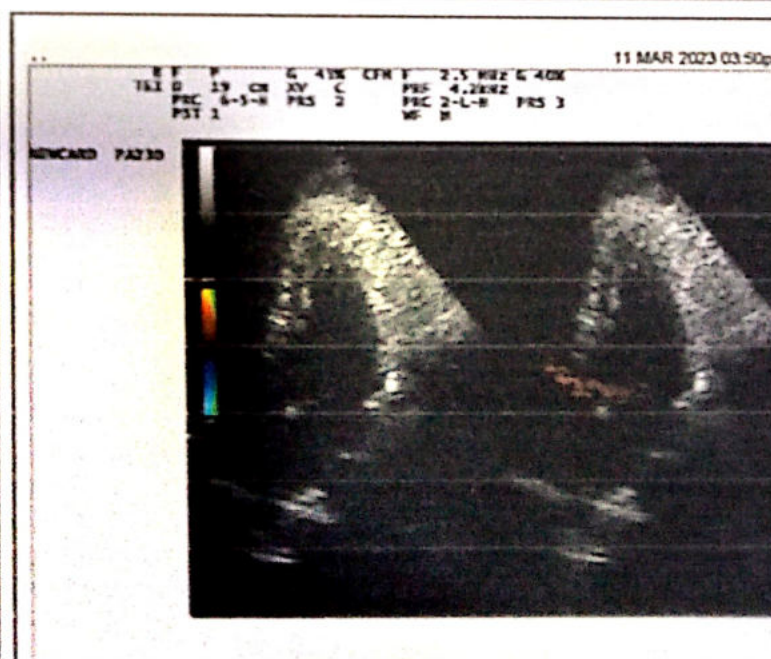
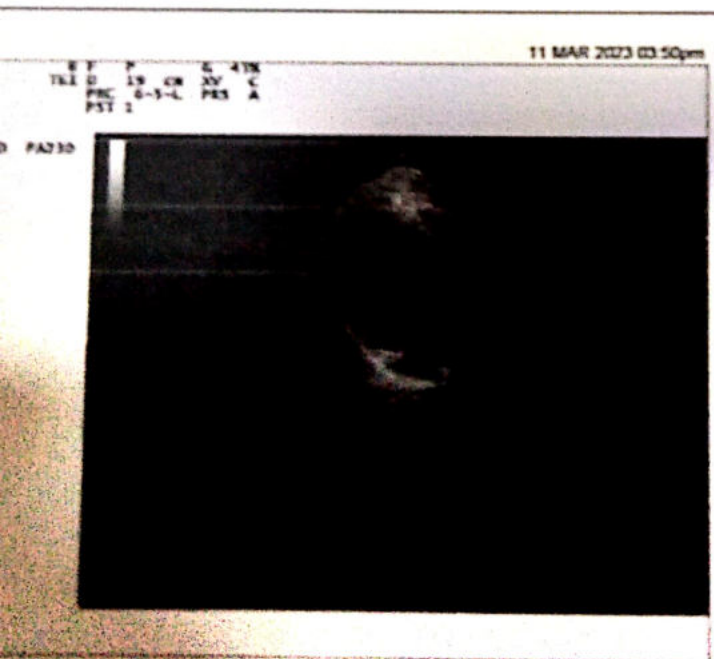
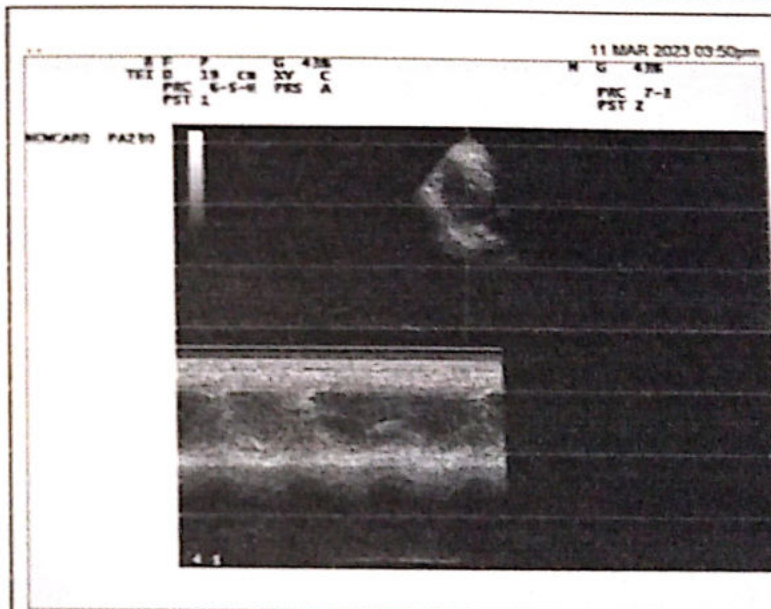
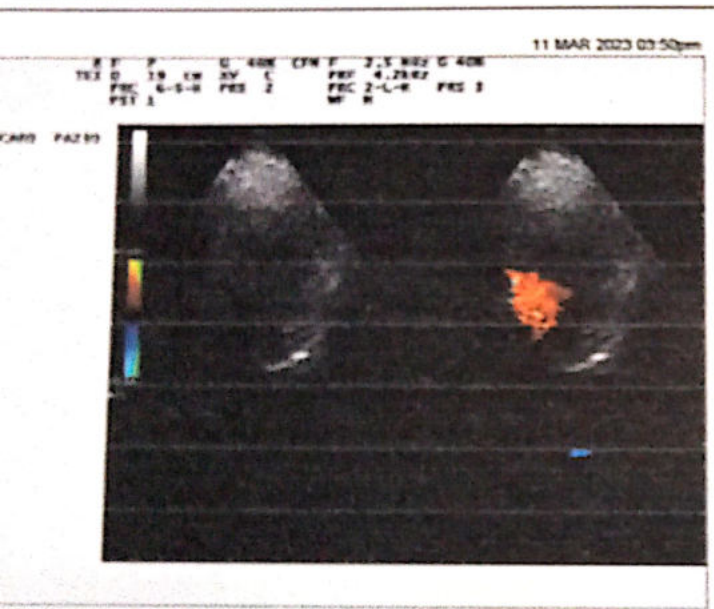
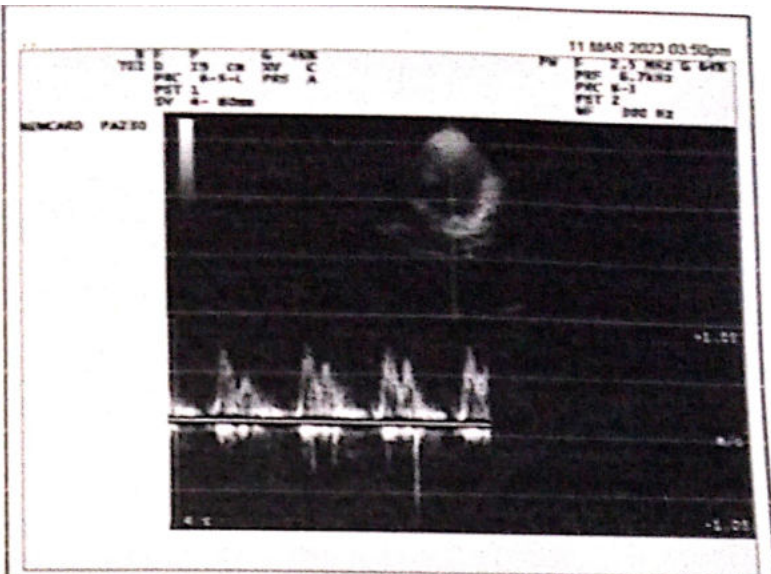
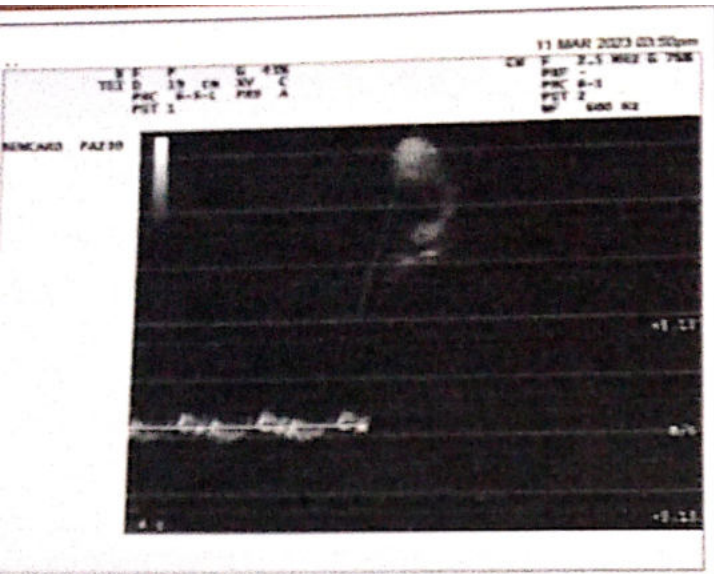
- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN



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.









# PARAS MRI & ULTRASOUND CENTRE

**MOST ADVANCED 32 CHANNEL 3T 3D WHOLE BODY MRI**

261, ASHAPURAM, OPP. DR. BASU EYE HOSPITAL, STADIUM ROAD, BAREILLY  
• Helpline : 7300761761 • E-mail : paramribly@gmail.com

## REPORT

**4D / 5D ULTRASOUND**

**COLOR DOPPLER**

**TVS/ TRUS**

**MUSCULOSKELETAL USG**

Date : 11.03.2023  
Name : SHILPI GUPTA 40Y/F  
Ref.By : DR APPLE CARDIAC CARE

### ULTRASOUND WHOLE ABDOMEN

**LIVER** - Liver is **enlarged in size~ 17.4cm** and normal outline. *It shows increased echogenicity.* No obvious focal pathology is seen. The intra hepatic biliary radicals are not dilated. PV -5.0 mm

**GALL BLADDER** -Gall Bladder is normal in size, has normal wall thickness with no evidence of calculi. Fat planes between GB and liver are well maintained. The CBD appears normal.

**PANCREAS** - Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductile dilatation is seen.

**SPLEEN** - Spleen is normal in size and echogenicity. There is no evidence of collaterals

**KIDNEYS** - Both kidneys are normal in position, outline and echogenicity. No evidence of calculi is seen. CMD is maintained. No evidence of hydronephrosis is seen on either side.

**URINARY BLADDER** -Urinary Bladder is normal in size and outline. There is no evidence of any obvious intraluminal or paramedical pathology. Wall is not thickened.

**Uterus** - Uterus is anteverted and normal in size. The myometrial and endometrial echoes are normal.

**The endometrial thickness measures 8 mm displaying few discrete areas of endometrial & subendometrial calcification.** No focal lesion is seen.

**Both ovaries** are normal in size and shows uniform parenchymal echogenicity and smooth outlines. No evidence of cyst or mass is seen.

**No evidence of ascites /pleural effusion/adenopathy is seen. Bowel loops are not dilated. Bilateral iliac fossa appears normal.**

### IMPRESSION:

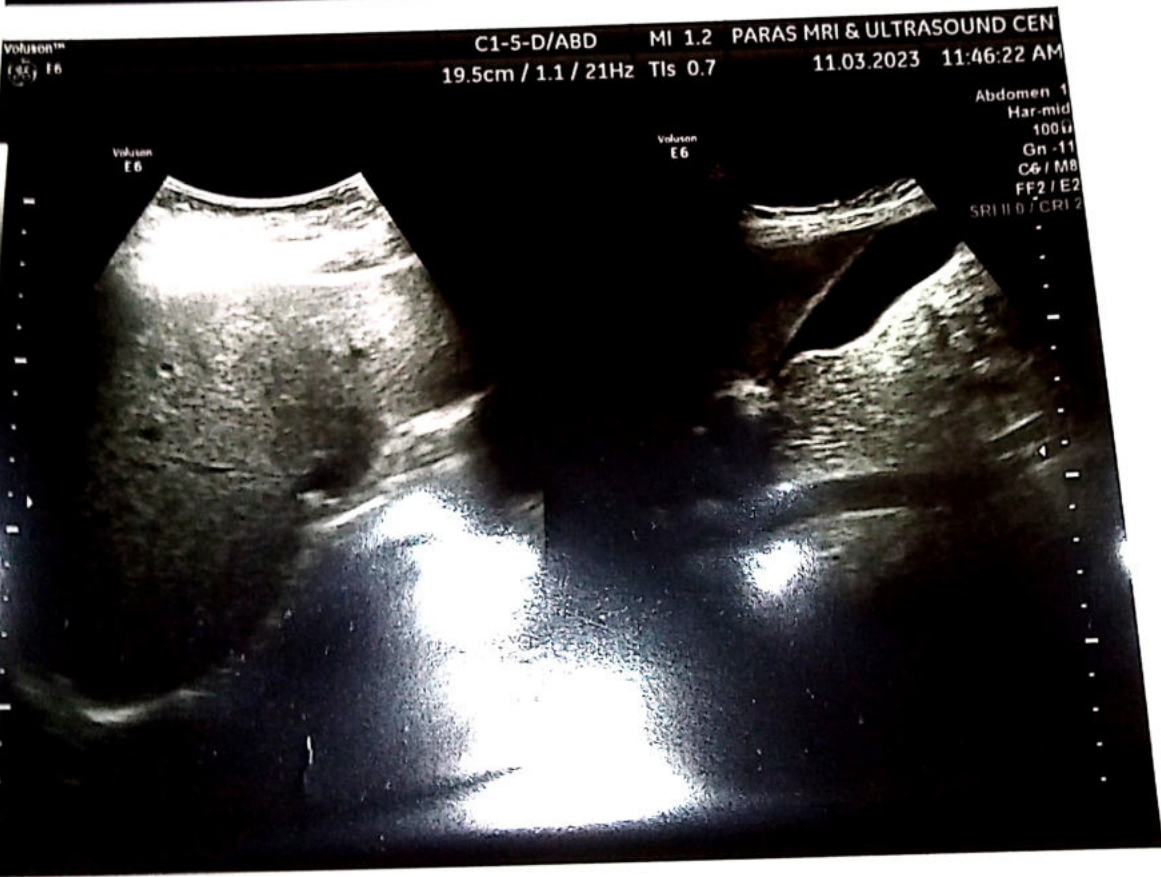
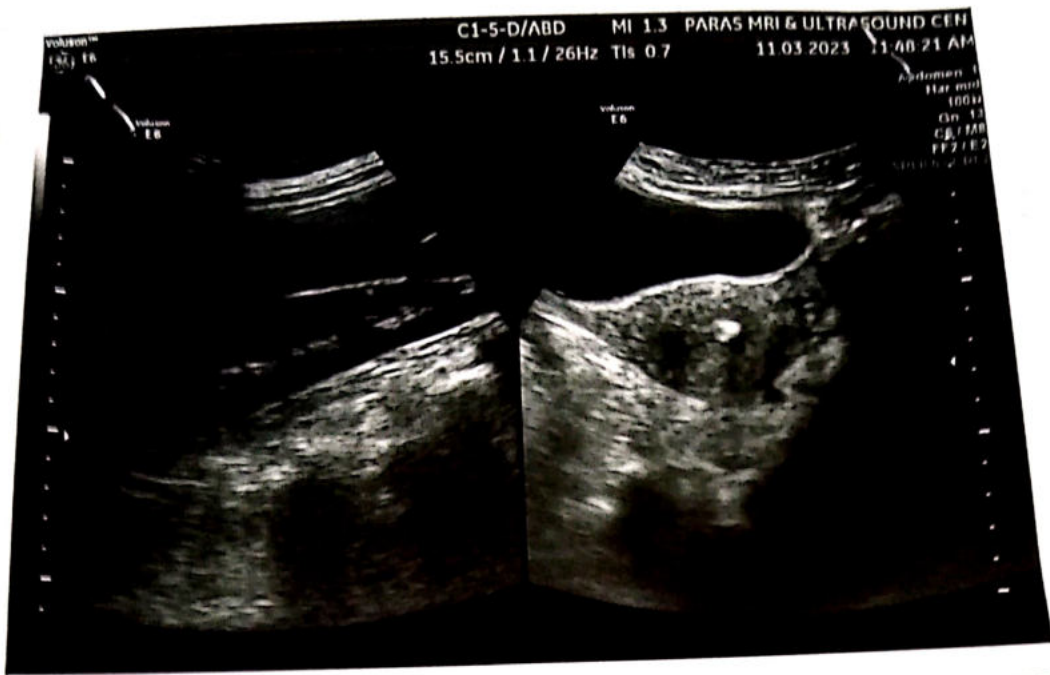
- ❖ Hepatomegaly with grade I fatty changes.
- ❖ Discrete areas of endometrial & subendometrial calcification, however no endometrial collection seen.

Adv clinical correlation.

**Dr. Puja Tripathi**

M.B.B.S., M.D.  
MBBS, MD (Radiodiagnosis, SGPGI)





**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. : 109  
NAME : **Mrs. SHILPI GUPTA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **11/03/2023**  
AGE : 40 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	<b>11.3</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,500	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	33	%	20-45
Eosinophils	02	%	01-08
Monocytes	00	%	01-06
Basophils	00	%	00-02
TOTAL R.B.C. COUNT	4.09	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	37.5	%	35-54
M C V	91.7	fL	76-96
M C H	27.6	pg	27.00-32.00
M C H C	<b>30.1</b>	g/dl	30.50-34.50
PLATELET COUNT	2.51	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	15	mm	00- 20
<b>BLOOD GROUP</b>			
Blood Group	B+		
Rh	POSITIVE		
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	<b>116</b>	mg/dl	60-100

**Report is not valid for medicolegal purpose**





Reg.NO. : 109  
NAME : Mrs. SHILPI GUPTA  
REFERRED BY : Dr. Nitin Agarwal (D.M.)  
SAMPLE : BLOOD

DATE : 11/03/2023  
AGE : 40 Yrs.  
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD UREA	24	mg/dL.	10-40
SERUM CREATININE	0.8	mg/dL.	0.5-1.4
URIC ACID	6.3	mg/dl	3.0-6.0

\* 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 impairment 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.

**CLINICAL SIGNIFICANCE:**

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)	4.2	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.2	mg/dl	8.5 - 10.5

**Report is not valid for medicolegal purpose**

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 SAMPLE : BLOOD

DATE : **11/03/2023**  
 AGE : 40 Yrs.  
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
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
<b>SERUM PROTEINS</b>			
Total Proteins	6.6	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.64		0.0-2.0
SGOT	<b>70</b>	IU/L	0-40
SGPT	<b>61</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	77	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**



Reg.NO. : 109  
NAME : **Mrs. SHILPI GUPTA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **11/03/2023**  
AGE : 40 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	160	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	<b>277</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	45	mg/dL.	30-70
VLDL CHOLESTEROL	<b>55.4</b>	mg/dL.	15 - 40
LDL CHOLESTEROL	59.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.56	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.32	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**

**Report is not valid for medicolegal purpose**



Reg.NO. : 109	DATE : <b>11/03/2023</b>
NAME : <b>Mrs. SHILPI GUPTA</b>	AGE : 40 Yrs.
REFERRED BY : Dr.Nitin Agarwai (D M)	SEX : FEMALE
SAMPLE : BLOOD	

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN	6.7		

**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.

**URINE EXAMINATION**

**Report is not valid for medicolegal purpose**



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NAME : Mrs. SHILPI GUPTA  
REFERRED BY : Dr. Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : 11/03/2023  
AGE : 40 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>			
pH	5.0		
TRANSPARENCY			
Volume	25	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
Phosphates	Absent		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	8-10	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

**BIOCHEMISTRY**

**Report is not valid for medicolegal purpose**

of Apple Cardiac Care  
Nagar, Stadium Road,  
Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



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

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NAME : Mrs. SHILPI GUPTA  
REFERRED BY : Dr. Nitin Agarwal (D M)  
SAMPLE : BLOOD  
DATE : 11/03/2023  
AGE : 40 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
Gamma Glutamyl Transferase (GGT)	31	U/L	11-50

--(End of Report)--

*Shweta Agarwal*  
Dr. Shweta Agarwal  
MD(Pathology), Apple Pathology  
Bareilly (UP)



of Apple Cardiac Care  
 Ekta Nagar, Stadium Road,  
 Opp. Care Hospital),  
 Bareilly - 243 122 (U.P.) India  
 Tel. : 07599031977, 09458888448

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



DATE : 11/03/2023  
 AGE : 40 Yrs.  
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Reg.NO. : 109  
 NAME : Mrs. SHILPI GUPTA  
 REFERRED BY : Dr.Nitin Agarwal (D.M)  
 SAMPLE : BLOOD

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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BLOOD SUGAR P.P.

149

mg/dl

80-160

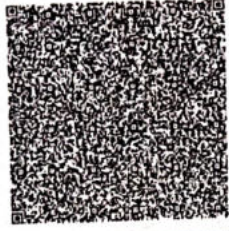
BIOCHEMISTRY

--{End of Report}--

*Shilpi*  
 Dr. Shweta Agarwal  
 MD(Pathology), Apple Pathology  
 Bareilly (UP)

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: C/O दीपक गुप्ता, 306, अज़ादपुरम,  
हारटमैन विद्यालय के पास, छावनी अशरफ खा,  
बरेली, बरेली, उत्तर प्रदेश, 243122  
Address: C/O Deepak Gupta, 306,  
azadpuram, near hartmann school, chawni  
ashraf khan, Bareilly, Bareilly, Uttar Pradesh,  
243122



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www.uidai.gov.in

Print Date: 01/12/2020

भारत सरकार  
Government of India

शिल्पी गुप्ता  
Shilpi Gupta  
जन्म तिथि / DOB : 24/05/1982  
महिला / FEMALE

Issue Date: 10/01/2015

8844 4768 0931

मेरा आधार, मेरी पहचान

For  
medical  
Shilpi 11/3/23