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पता:
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4561 4594 4020

1947
1800 300 1947

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www.uidai.gov.in



भारत सरकार
Government of India



अजय
Ajay
जन्म तिथि / DOB : 18/05/1994
पुरुष / Male



4561 4594 4020

भारत - आम आदमी का अधिकार

For Hallcheck

Ajay Singh

10mm/mV 25mm/sec 25Hz

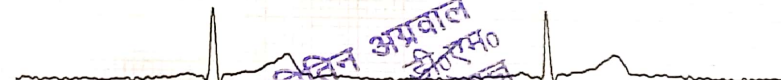
BPL CARDIART 6108T

10mm/mV 25mm/sec

I

II

III



Pat. ID.

Ajay



25/63/23

CARDIART

डॉ० विजिन अग्रवाल
हृदय रोग विशेषज्ञ

Pat. ID. AT

CARDIART



10mm/mV 25mm/sec 25Hz

BPL

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

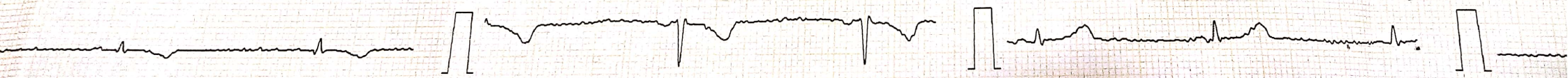
BPL

BPL C

aVR

aVL

aVF



D. Ajay ... Age - 28 years 25-03-2023

Pat. ID.....

CARDIART

25HZ

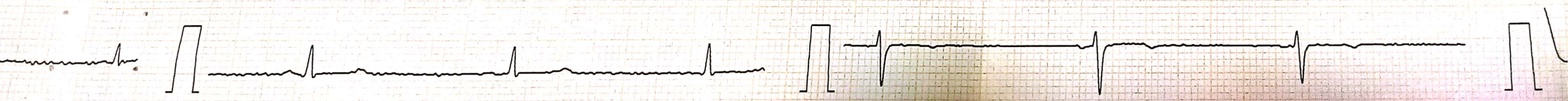
BPL CARDIART 61081

10mm/mV 25mm/sec 25HZ

aVF

V1

V2



Pat. ID.....

CARDIART

CARDIART



BPL CARDIART 6108T

BPL

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

BPL

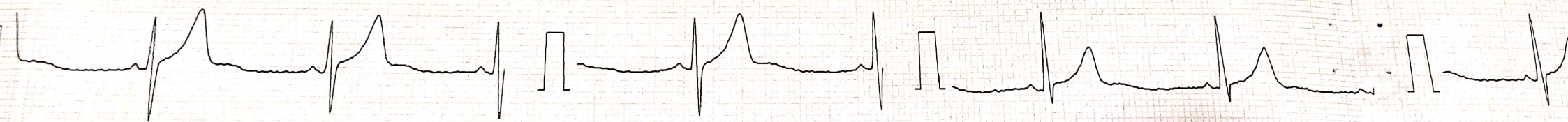
10mm/mV 25mm/sec

V2

V3

V4

V5



Pat. ID.....

Pat. ID.....

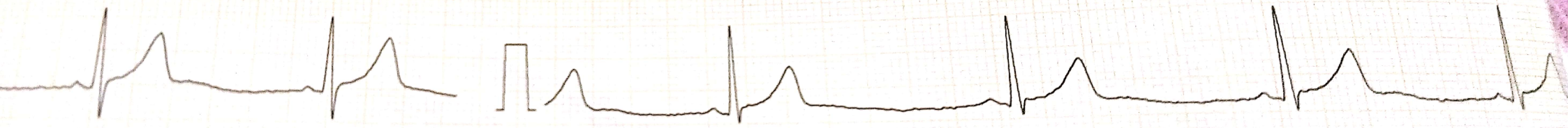
CARDIART



10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

V6



at. ID.....

CARDIART

CARDIART



MOHAN EYE HOSPITAL

E-233,247 EWS FLATS, EKTA NAGAR, NEAR SSD PLAZA, BAREILLY-243122
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Dr. Aditya Tyagi M.B.B.S., DO
 Senior Consultant

Directors :
 Mr. Ankush Sharma

Mr. Mahesh Pal

Mr. Shivam Mishra

Pharmacist :
 Dr. Ankush Sharma
 (B.Pharma)

Optometrist
 D.R. Opt. Mahesh Pal
 B.Sc. Opto.

D.R. Opt. Shivam Mishra
 B.Sc. Opto.

D.R. Opt. Anil Kumar Yadav
 Opto.

D.R. Opt. Deeksha
 Opto.
 D.R. Opt. Neetu
 B.Sc. Opto.

VA < 6/6
 6/18P
 0748/23

Acc < Plane
 -1.00S
 4Tay

Colour vision < : OK

IOP < 17.3mmHg
 17.3mmHg

Fundus : OK
 Adv

G. cellulent - 3times daily 8TE

Review in 3 months.
 or
 SOS.
 Adv
 25/3/2023

	RE				LE			
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Constant	P	CA	NE		1.0			6/6
Distance								
Reading								

Valid : 5 Days

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. : 46
NAME : **Mr. AJAY**
REFERRED BY : Dr. Nitin Agarwal (D.M)
SAMPLE : BLOOD URINE

DATE : **25/03/2023**
AGE : 28 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	12.0	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	7,600	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
Monocytes	00	%	01-06
Basophils	00	%	00-02
TOTAL R.B.C. COUNT	4.82	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	37.1	%	35-54
M C V	77.0	fL	76-96
M C H	24.9	pg	27.00-32.00
M C H C	32.3	g/dl	30.50-34.50
PLATELET COUNT	1.52	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	12	mm	00 - 15
BIOCHEMISTRY			
BLOOD SUGAR F.	119	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	18	U/L	7-32

HAEMATATOLOGY

Report is not valid for medicolegal purpose



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BLOOD GROUP			
Blood Group	β+		
Rh	POSITIVE		
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

BLOOD UREA NITROGEN	21	mg/dL.	5 - 25
SERUM CREATININE	0.9	mg/dL.	0.5-1.4
URIC ACID	8.4	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	139	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	5.1	m Eq/litre.	3.5 - 5.5

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SERUM CALCIUM	9.6	mg/dl	8.5 - 10.5
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	3.5	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.09		0.0-2.0
SGOT	81	IU/L	0-40
SGPT	92	IU/L	0-40
SERUM ALK.PHOSPHATASE	67	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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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	212	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	216	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	43.2	mg/dL.	15 - 40
LDL CHOLESTEROL	119.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.33	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.44	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

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URINE EXAMINATION REPORT**PHYSICAL EXAMINATION**

pH	6.0		
TRANSPARENCY			
Volume	25	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		

BIOCHEMICAL EXAMINATION

UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil

MICROSCOPIC EXAMINATION

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		
Bacteria	NIL		
Other	NIL		

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APPLE
PATHOLOGY
TRUSTED RESULT

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SEX : MALE

TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

--{End of Report}--

Shweta Agarwal

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



Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
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APPLE
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR P.P.	177	mg/dl	80-160

--{End of Report}--

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





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 : parasmribly@gmail.com

REPORT

4D / 5D ULTRASOUND

COLOR DOPPLER

TVS/ TRUS

MUSCULOSKELETAL USG

Date : 25.3.2023
Name : MR AJAY 28Y/M
Ref.BY : APPLE CARDIAC CARE

ULTRASOUND WHOLE ABDOMEN

LIVER - Liver is normal in size and outline. It shows a uniform echogenicity. No obvious focal pathology is seen. The intra hepatic biliary radicals are not dilated. PV –normal.

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 calculi are seen on both sides CMD is maintained. No evidence of hydronephrosis is seen on both sides.

URINARY BLADDER –Partially distended. Review at full bladder state if clinically indicated.

PROSTATE- grossly normal in size and echotexture.

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

IMPRESSION:

❖ Grade I fatty liver.

Adv- clinical correlation.


Dr. Puja Tripathi

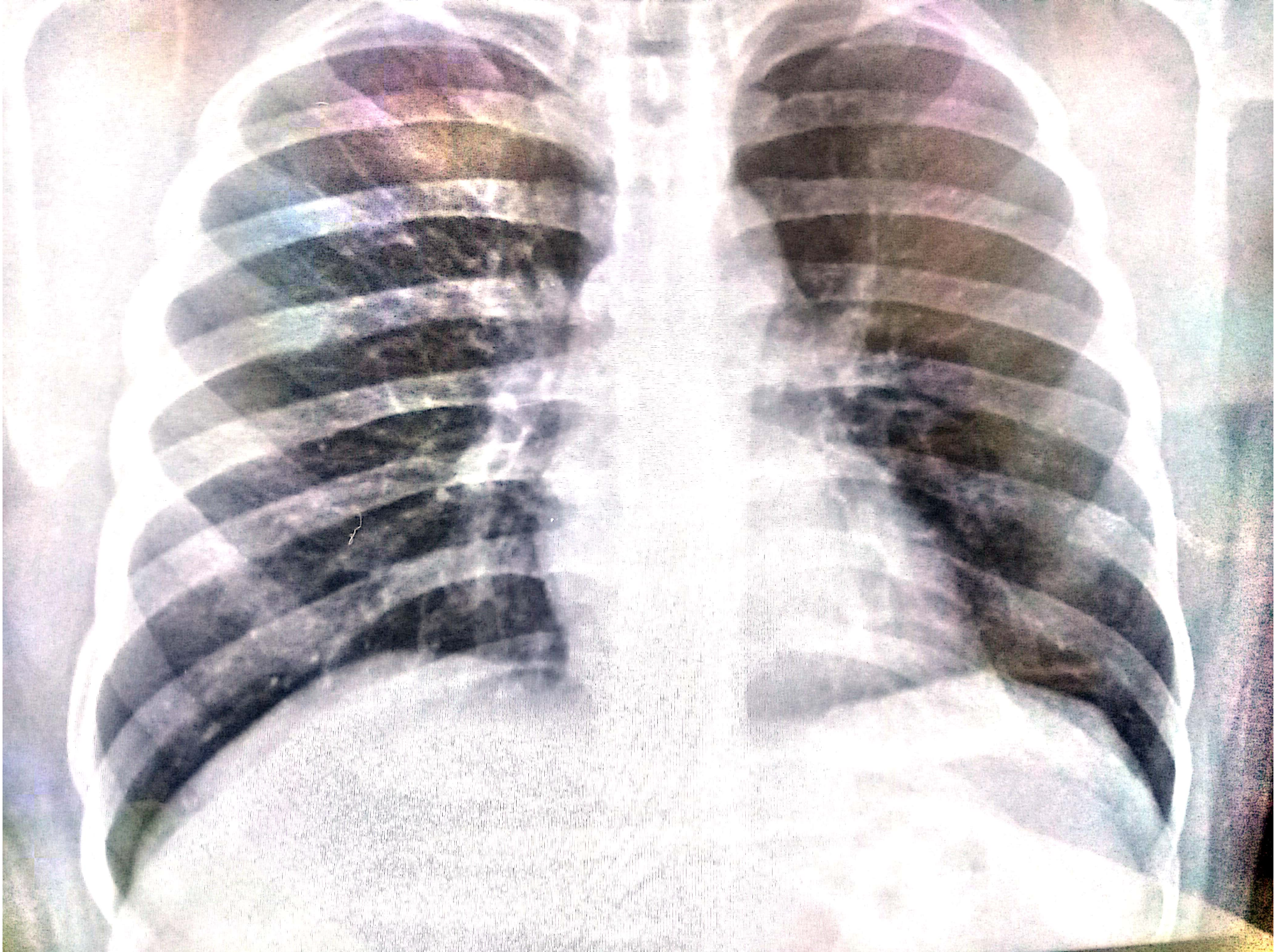
M.B.B.S., M.D.
MBBS, MD (Radiodiagnosis, SGPGI)

NOT VALID FOR MEDICO LEGAL PURPOSE



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॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

DR. LOKESH GOYAL

MBBS (KEMC), 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

MR. AJAY
DR. NITIN AGARWAL, DM

REPORT

25-03-2023

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
RADIO DIAGNOSIS

डिजिटल एक्स-रे, गल्ती रहस्यूरत
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURPOSE



Scanned with OKEN Scanner

NAME	MR. AJAY	AGE/SEX	28 Y/M
Ref. By	DR. NITIN AGARWAL (DM)	DATE	25/03/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

MEASUREMENTS	VALUE	NORMAL DIMENSIONS
LVID (d)	4.5 cm	(3.7-5.6 cm)
LVID (s)	2.4 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)
LVFW (ed)	1.0 cm	(0.6-1.1 cm)
AO	2.5 cm	(2.2-3.7 cm)
LA	2.8 cm	(1.9-4.0 cm)
LV FUNCTION		
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= 0.8 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
- 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
श्री नितिन अग्रवाल
हृदय रोग विशेषज्ञ

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.