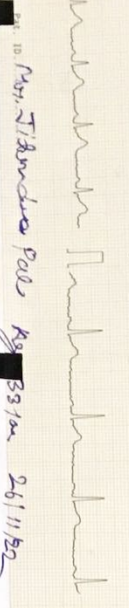


10mm/W 25mm/SEC 250HZ

11 BPL CARDIART 61081



10mm/W 25mm/SEC 250HZ

111 BPL CARDIART 61081



10mm/W 25mm/SEC 250HZ

avR BPL CARDIART 61081



10mm/W 25mm/SEC 250HZ

avL BPL CARDIART 61081



10mm/W 25mm/SEC 250HZ

avF BPL CARDIART 61081

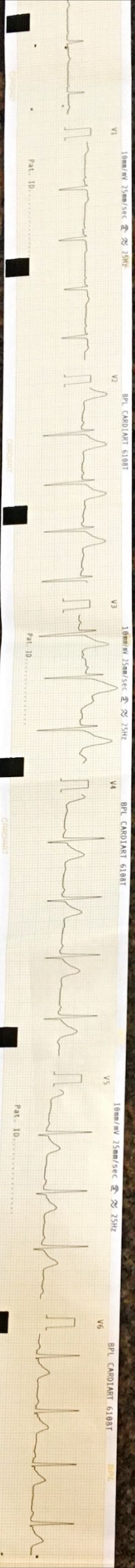


10mm/W 25mm/SEC 250HZ

V1 BPL CARDIART 61081



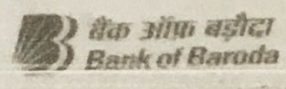
PAT. ID [REDACTED] Mrs. T. Anderson Pals Reg 33100 26/11/52



• धिलने पर, निम्नलिखित को लीटाएं
सहायक महाप्रबंधक (सुरक्षा)
सी-26, जी ब्लॉक, बान्द्रा कुरु कॉम्प्लेक्स, मुम्बई 400 051, भारत
फोन 91 22 5698 5196 फैक्स 91 22 2652 5747

If found please return to
Assistant General Manager (Security)
Bank of Baroda, Baroda Corporate Centre
C-26, G-Block Bandra Kurla Complex, Mumbai 400 051, India
Phone: 91 22 5698 5196 Fax: 91 22 2652 5747

रक्त समूह / Blood Group : B*
पहचान / Identification Marks : A cut of right side on nose



नाम Name
Jitendra Pal / जितेन्द्र पाल

क. कूट. क्र. E.C.No.
128213

Jitendra Pal
जनरेकल प्राधिकारी (उप क्षेत्रीय प्रबन्धक)
Issuing Authority (By Regional Manager)

Jitendra
भारत के प्रबन्धक
Signature of Holder

Jitendra

भारतीय विशिष्ट पहचान प्राधिकरण
आधार
Unique Identification Authority of India

पता:
S/O जमुना प्रसाद, अमृता खास,
पोस्ट अमृता खास, बीसलपुर,
पीलीभीत, बीसलपुर, उत्तर प्रदेश,
262201

Address:
S/O Jamuna Prasad, Amrita Khas,
Post amrita Khas, Bisalpur,
Pilibhit, Bisalpur, Uttar Pradesh,
262201

4753 8987 0101

1947 help@uidai.gov.in www.uidai.gov.in

भारत सरकार
Government of India

जितेन्द्र पाल
JITENDRA PAL
पिता : जमुना प्रसाद
Father : JAMUNA PRASAD
जन्म तिथि / DOB : 05/02/1989
पुरुष / Male

4753 8987 0101

मेरा आधार, मेरी पहचान

Jitendra

PatientID 0017

ExamID 3672

NAME Jitendra P 33/M

Date 11/26/2022

Time 13:18

ExamTime 120:58

(VD = 13.75 mm)

----- MANIFEST -----

	SPH	CYL	AXS
<R>	0.00	-2.00	114
<L>	0.00	0.00	180
<FAR VA>			
	R	R+L	L

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

	SPH	CYL	AXS
<R>	+0.25	-2.50	114
<L>	-0.25	0.00	180
<FAR VA>			
	R	R+L	L

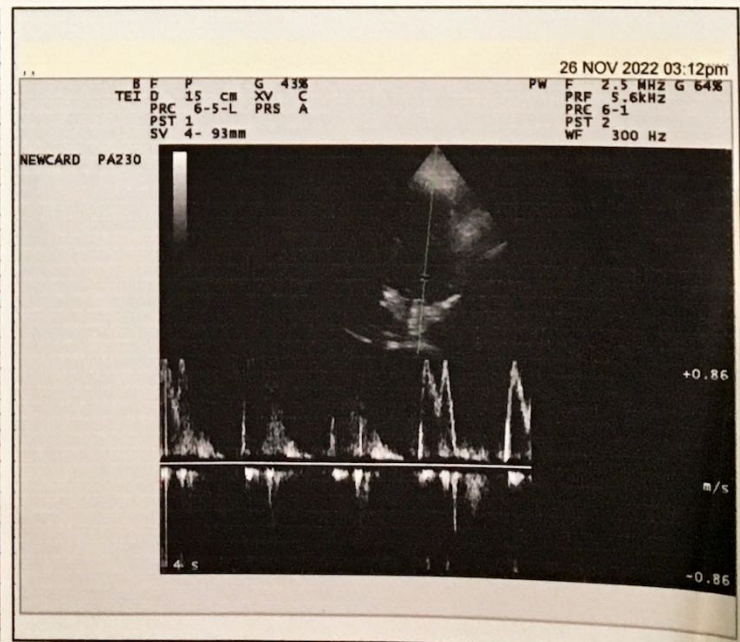
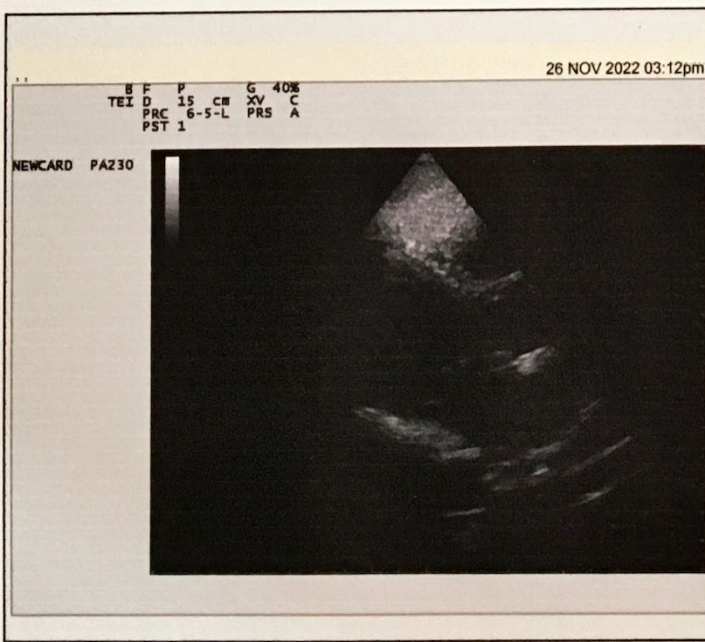
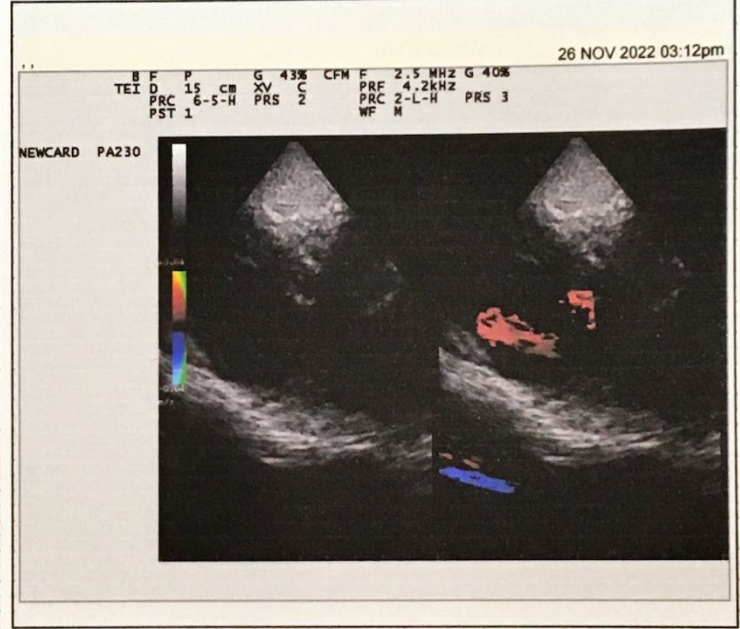
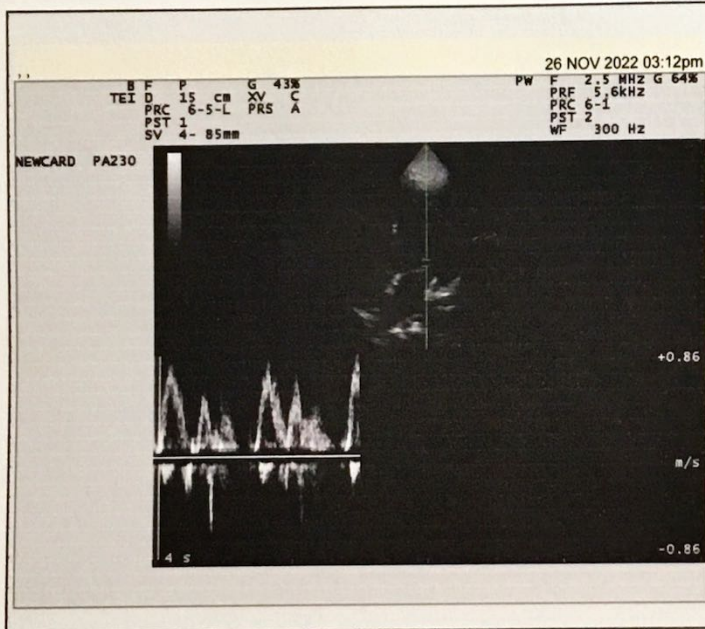
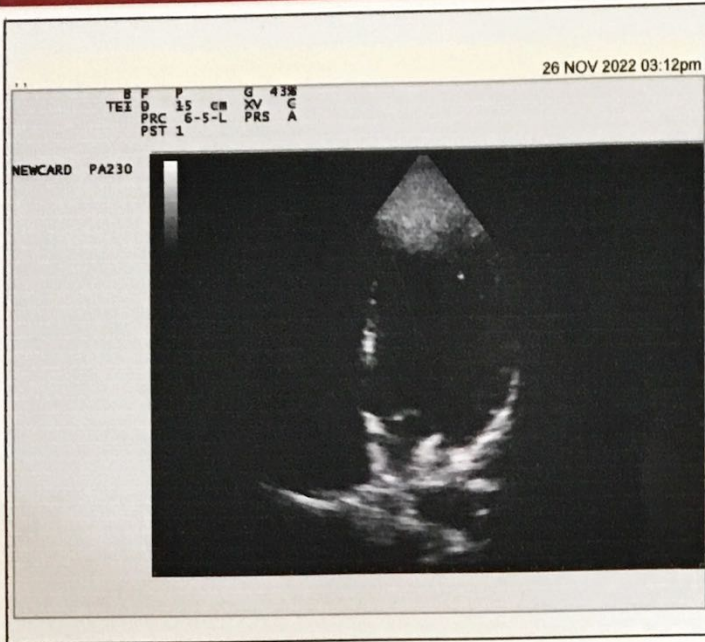
FAR PD = 59.0 mm

TOPCON CV-5000

Jitendra Pal 33/m 26/11/22

$DVA \begin{cases} 6160P \\ 616 \end{cases} - 200DC114 - 6110$

$NVA \begin{cases} 18 \\ 6 \end{cases} \text{ estam } 12P$





NAME	Mr. JITENDRA PAL	AGE/SEX	33 Y/M
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	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	2.0 cm	(2.2 –3.7 cm)
LA	2.9 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:

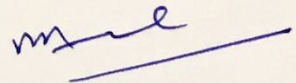
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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.

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. : 186
NAME : **Mr. PAL JITENDRA**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **26/11/2022**
AGE : 32 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	15.9	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	9,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	60	%	40-75
Lymphocytes	38	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	5.11	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	48.3	%	35-54
M C V	94.5	fL	76-96
M C H	31.1	pg	27.00-32.00
M C H C	32.9	g/dl	30.50-34.50
PLATELET COUNT	2.36	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	17	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	5.4		

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

Department of Apple Cardiac Care

Apple Cardiac Care Hospital,
Sector 10, Gurgaon - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



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REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **26/11/2022**
AGE : 32 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	86	mg/dl	60-100
BLOOD UREA NITROGEN	17	mg/dL.	5 - 25
SERUM CREATININE	1.2	mg/dL.	0.5-1.4
URIC ACID	8.0	mg/dl	0-8
CLINICAL SIGNIFICANCE:			
Analysis of synovial fluid plays a major role in the diagnosis of joint disease.			
SERUM SODIUM (Na)	142	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.4	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.6	mg/dl	8.5 - 10.5

Report is not valid for medicolegal purpose

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 NAME : **Mr. PAL JITENDRA**
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : **26/11/2022**
 AGE : 32 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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	7.2	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	3.2	Gm/dL	2.3 - 3.5
A : G Ratio	1.25		0.0-2.0
SGOT	51	IU/L	0-40
SGPT	54	IU/L	0-40
SERUM ALK.PHOSPHATASE	73	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) 21 U/L 7-32

HAEMATOLOGY

Report is not valid for medicolegal purpose

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 SAMPLE : BLOOD

DATE : **26/11/2022**
 AGE : 32 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD GROUP			
Blood Group	O		
Rh	POSITIVE		
BIOCHEMISTRY			
LIPID PROFILE			
SERUM CHOLESTEROL	214	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	170	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	34	mg/dL.	15 - 40
LDL CHOLESTEROL	132	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.46	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.75	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

Report is not valid for medicolegal purpose

Reg.NO. : 186
 NAME : **Mr. PAL JITENDRA**
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 SAMPLE : BLOOD

DATE : **26/11/2022**
 AGE : 32 Yrs.
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
TRANSPARENCY			
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	1-2	/H.P.F.	
Epithelial Cells	0-1	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		

Report is not valid for medicolegal purpose

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Tel. : 07599031977, 09458888448



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REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **26/11/2022**
AGE : 32 Yrs.
SEX : MALE

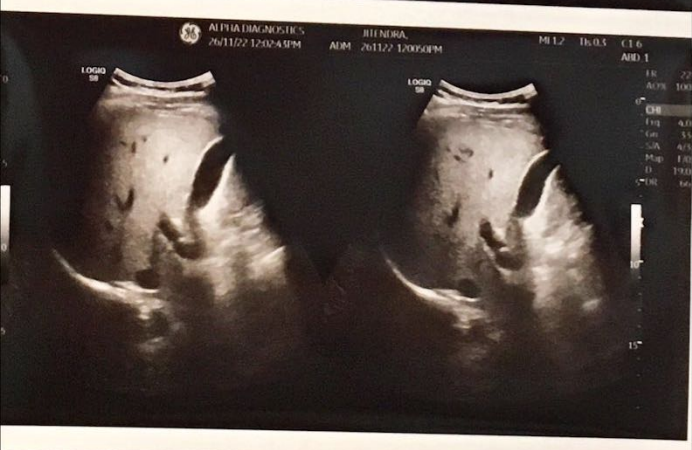
<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	105	mg/dl	80-140

--{End of Report}--

Shweta

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

Report is not valid for medicolegal purpose





Patient ID 102217383
Name Mr. JITENDRA PAL
Sex/Age Male 33 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 26/11/2022 11:33:11
Reported On 26/11/2022 12:11:25

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. 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 (12cc), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.


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 102217384
Name Mr. JITENDRA PAL
Sex/Age Male 33 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 26/11/2022 11:33:55
Reported On 26/11/2022 12:05:39


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 ***

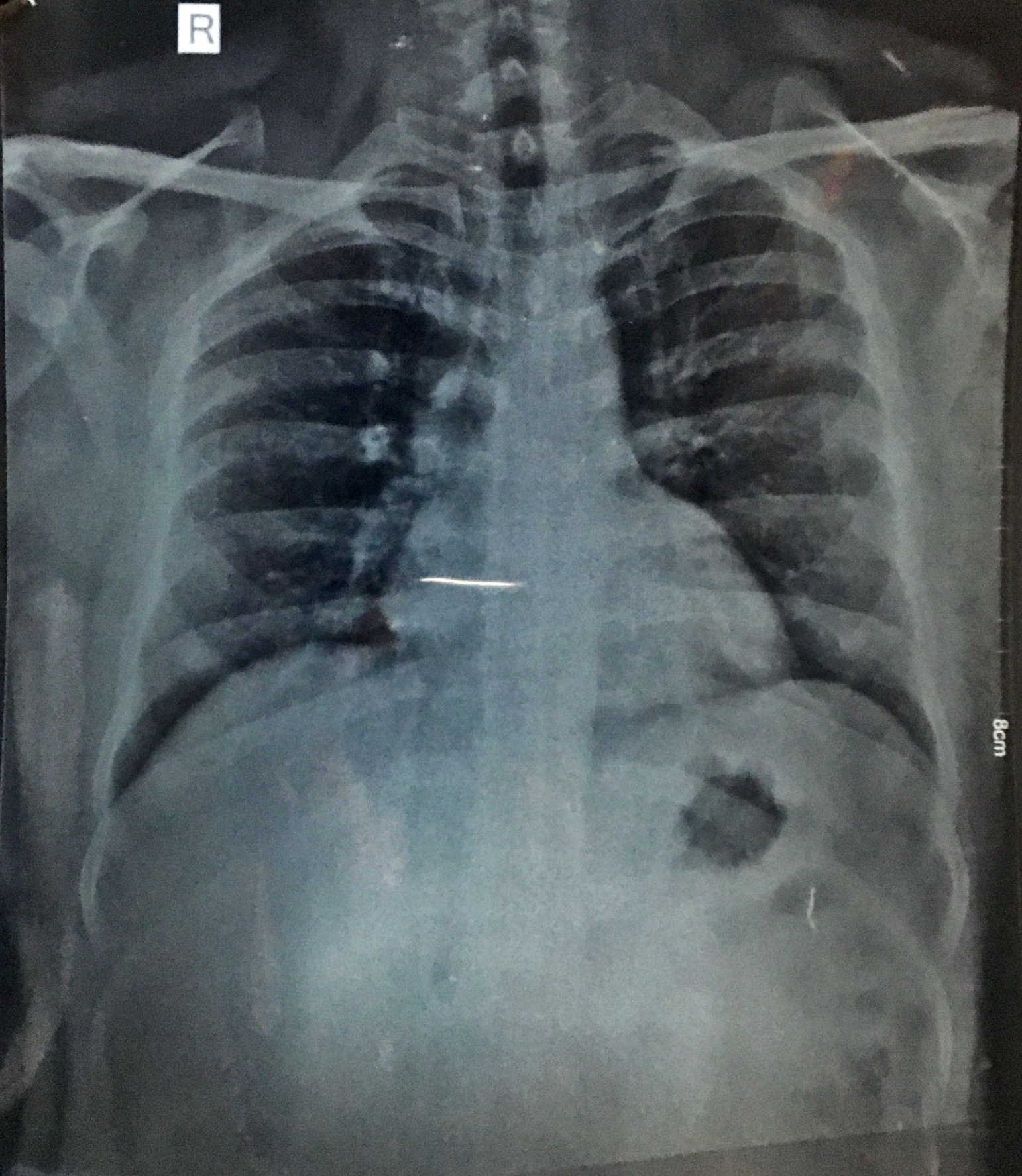



DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1



R



8cm


8cm

674



Dr. Nitin Agarwal
DMLC (CARDIOLOGY)

NO ADMISSION WITHOUT
PERMISSION OF THE DOCTOR
DMLC (CARDIOLOGY)

 GPS Map Camera



Bareilly, Uttar Pradesh, India

A-3, Ektanagar, Stadium Road, Ekta Nagar,
Bareilly, Uttar Pradesh 243122, India

Lat 28.384682°

Long 79.435346°

26/11/22 10:39 AM GMT +05:30