



नाम Name

Shishpal Singh / शिशपाल सिंह

क. स. नं. E.C.No.

199332



(Signature of Issuing Authority)

प्रतिष्ठापक प्राधिकारी (उप क्षेत्रीय प्रबन्धक)
Issuing Authority (Dy. Regional Manager)

(Signature of Holder)


धारक के हस्ताक्षर
Signature of Holder

(Handwritten signature)


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


डाउनलोड करें: 22/06/2014
 पता:
 C/O राजपाल सिंह, 00, निधि, कोठीखिदमतपुर, मुंडा खेरी,
 मुरादाबाद,
 उत्तर प्रदेश - 244501

Address:
 C/O Rajpal Singh, 00, nidhi, kothikhidmatpur,
 Mundahe Khari, Moradabad,
 Uttar Pradesh - 244501



3751 8037 7737
VID : 9119 5893 5193 8139

1647 | help@uidai.gov.in | www.uidai.gov.in

S. Singh

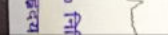
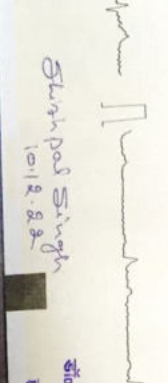
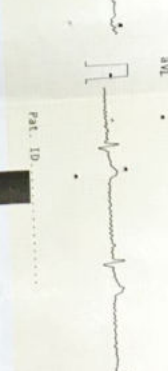
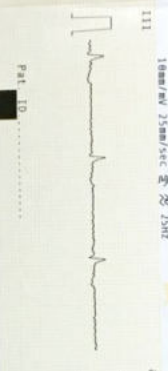
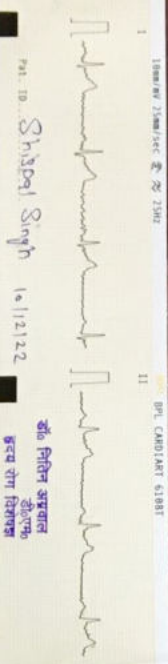

भारत सरकार
Government of India


नयाँ डेटा: 22/06/2014


शीरपाल सिंह
SHISHPAL SINGH
 जन्म तिथि/DOB: 20/04/1981
 पुरुष/ MALE

3751 8037 7737
VID : 9119 5893 5193 8139

मेरा आधार, मेरी पहचान



PAT. ID. Shishpal Singh 10/12/22

डॉ. निधि अग्रवाल
श्री. चमो
सका रोग निदान

PAT. ID.

PAT. ID.

Shishpal Singh
10/12/22

डॉ. निधि अग्रवाल

Shash Patel Singh
1012923

श्री निधि अग्रवाल
एनएम
एनएम

PAT. ID.....

PAT. ID.....

Shash Patel Singh
1012923

श्री निधि अग्रवाल
एनएम
एनएम



III

BPL CARDIAC 6108T

II

1000µV 25mm/sec ≈ 25Hz

V2

BPL CARDIAC 6108T

V1

1000µV 25mm/sec ≈ 25Hz

V4

BPL CARDIAC 6108T

V5

1000µV 25mm/sec ≈ 25Hz

V6

BPL CARDIAC 6108T

PatientID 0006
ExamID 3690
NAME

Date 12/10/2022
Time 12:46
ExamTime 100:38

(VD = 13.75 mm)

----- 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 | |
|-----------|-------|---------|---|
| | +1.25 | +1.25 ✓ | |
| <NEAR VA> | | | |
| | R | R+L | L |

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

| | SPH | CYL | AXS |
|----------|-------|-------|-----|
| <R> | -0.50 | -0.25 | 34 |
| <L> | -0.50 | -0.25 | 120 |
| <FAR VA> | | | |
| | R | R+L | L |

FAR PD = 61.0 mm
NEAR PD = 52.5 mm

TOPCON CV-5000

10/12/22

Shishpal Singh 29/m
41

D $\begin{matrix} R & 6/9 \\ L & 6/6P \end{matrix}$

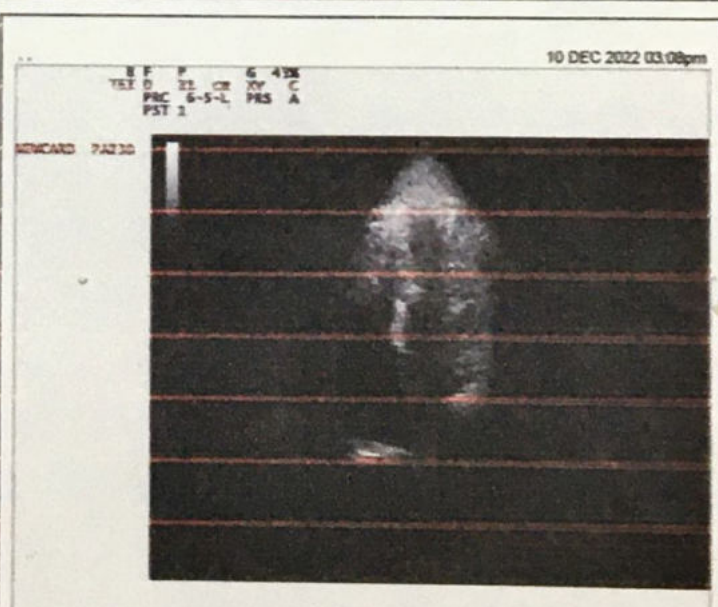
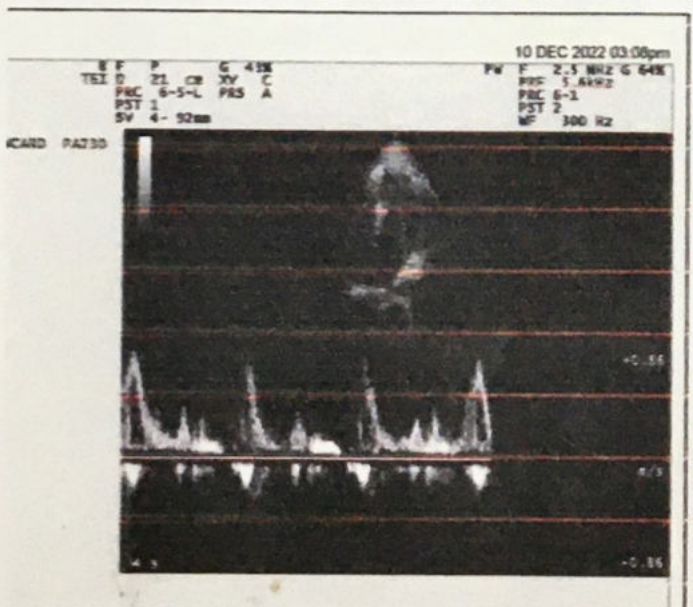
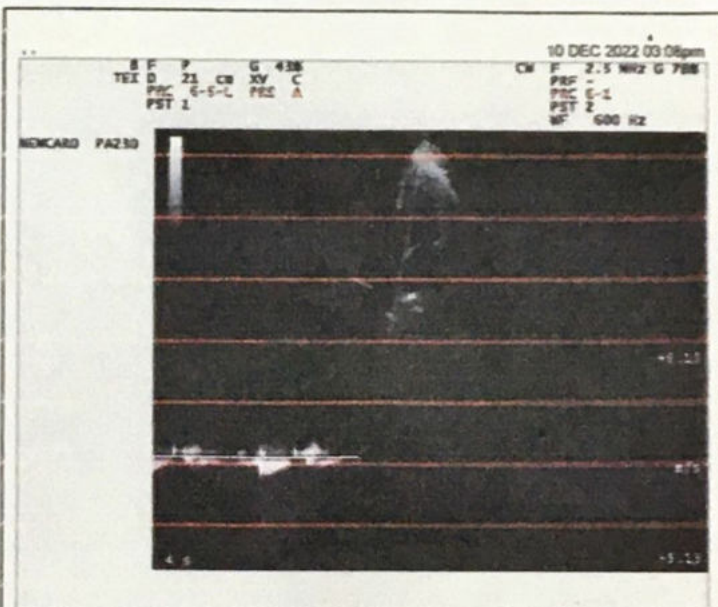
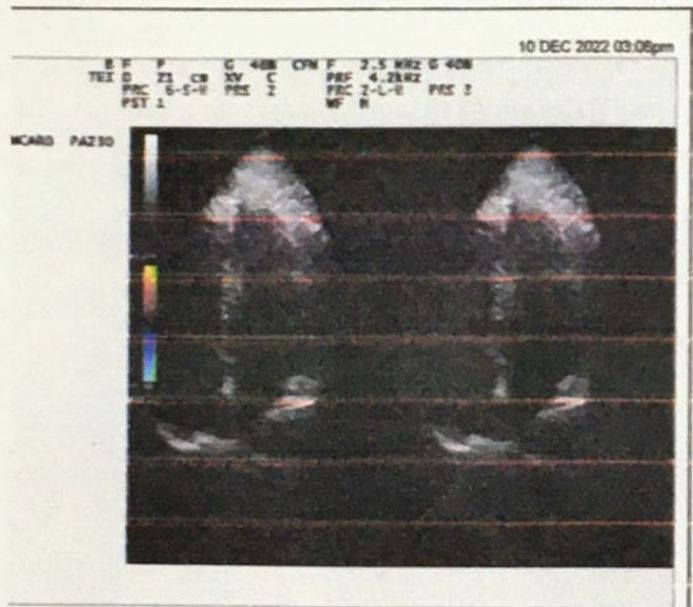
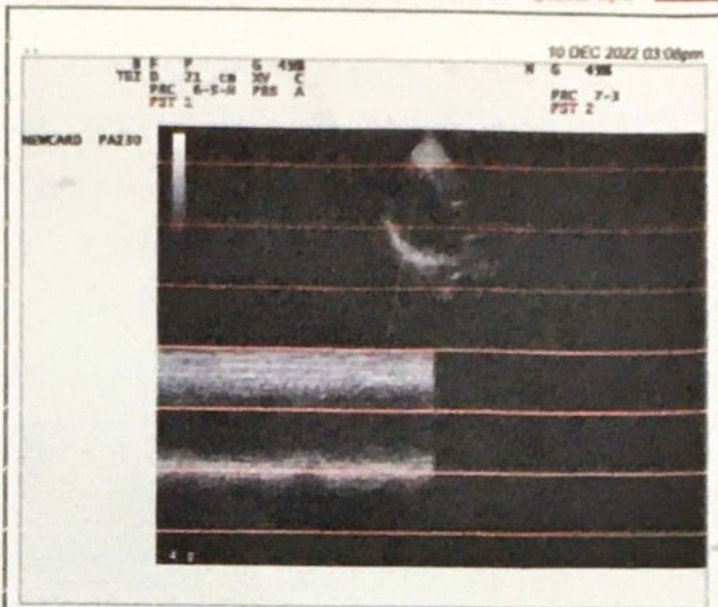
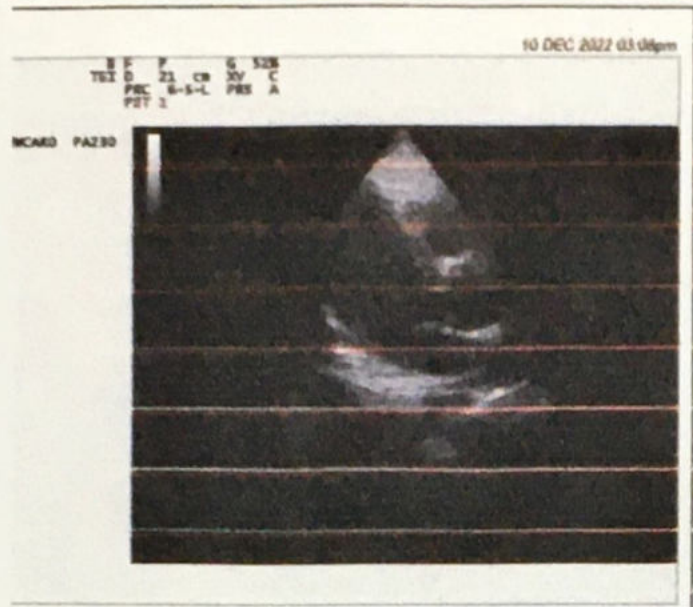
N $\begin{matrix} R & 9 \\ L & 9 \end{matrix}$

Ref $\begin{matrix} R & -0.50DS - 6/6 \\ L & -0.50DS - 6/6 \end{matrix}$

Add. +1.25DS for near B/E - N/6

APPLE CARDIAC CARE, BAREILLY

©2008 My...





| | | | |
|-----------------|------------------------|----------------|------------|
| NAME | SHISHPAL SINGH | AGE/SEX | 39 Y/M |
| Reff. By | Dr. NITIN AGARWAL (DM) | DATE | 10/12/2022 |

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

| <u>MEASUREMENTS</u> | <u>VALUE</u> | <u>NORMAL DIMENSIONS</u> |
|---------------------------|--------------|--------------------------|
| LVID (d) | 4.4 cm | (3.7 –5.6 cm) |
| LVID (s) | 2.3 cm | (2.2 –3.9 cm) |
| RVID (d) | 2.3 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 | 2.4 cm | (2.2 –3.7 cm) |
| LA | 3.2 cm | (1.9 –4.0 cm) |
| <u>LV FUNCTION</u> | | |
| EF | 60 % | (54 –76 %) |
| FS | 30 % | (25 –44 %) |

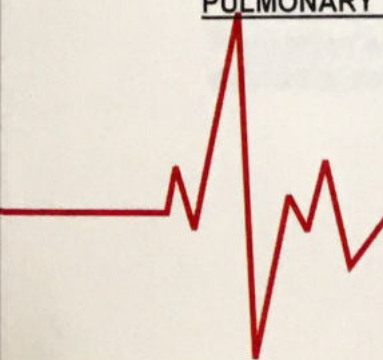
LEFT VENTRICLE : No regional wall motion abnormality
 No concentric left Ventricle Hypertrophy

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= 0.9 m/sec A= 0.5 m/sec

ON COLOUR FLOW:

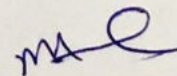
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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. : 82
NAME : **Mr. SHISHPAL SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **10/12/2022**
AGE : 41 Yrs.
SEX : MALE

| <u>TEST NAME</u> | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|-----------------------------------|----------------|----------------------|------------------------------|
| HAEMATOLOGY | | | |
| COMPLETE BLOOD COUNT (CBC) | | | |
| HAEMOGLOBIN | 12.8 | gm/dl | 12.0-18.0 |
| TOTAL LEUCOCYTE COUNT | 7,100 | /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 | 3.71 | million/cumm | 3.5-6.5 |
| P.C.V./ Haematocrit value | 36.9 | % | 35-54 |
| M C V | 99.5 | fL | 76-96 |
| M C H | 34.5 | pg | 27.00-32.00 |
| M C H C | 34.7 | g/dl | 30.50-34.50 |
| PLATELET COUNT | 2.39 | lacs/mm ³ | 1.50 - 4.50 |
| 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

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DATE : **10/12/2022**
 AGE : 41 Yrs.
 SEX : MALE

| TEST NAME | RESULTS | UNITS | BIOLOGICAL REF. RANGE |
|----------------------------------|----------------|--------------|------------------------------|
| Gamma Glutamyl Transferase (GGT) | 26 | U/L | 7-32 |
| BLOOD SUGAR F. | 98 | mg/dl | 60-100 |
| BLOOD UREA | 17 | 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 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.

| | | | |
|------------------|-----|--------|---------|
| SERUM CREATININE | 1.1 | mg/dL. | 0.5-1.4 |
|------------------|-----|--------|---------|

| | | | |
|-----------|-----|-------|-----|
| URIC ACID | 7.3 | mg/dl | 0-8 |
|-----------|-----|-------|-----|

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) | 5.0 | m Eq/litre. | 3.5 - 5.5 |
| SERUM CALCIUM | 9.0 | mg/dl | 8.5 - 10.5 |

Report is not valid for medicolegal purpose

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A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 82
NAME : **Mr. SHISHPAL SINGH**
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SAMPLE : BLOOD

DATE : **10/12/2022**
AGE : 41 Yrs.
SEX : MALE

| <u>TEST NAME</u> | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|----------------------------|----------------|--------------|------------------------------|
| LIPID PROFILE | | | |
| SERUM CHOLESTEROL | 216 | mg/dL. | 130 - 200 |
| SERUM TRIGLYCERIDE | 138 | mg/dl. | 30 - 160 |
| HDL CHOLESTEROL | 48 | mg/dL. | 30-70 |
| VLDL CHOLESTEROL | 27.6 | mg/dL. | 15 - 40 |
| LDL CHOLESTEROL | 140.40 | mg/dL. | 00-130 |
| CHOL/HDL CHOLESTEROL RATIO | 4.5 // | mg/dl | |
| LDL/HDL CHOLESTEROL RATIO | 2.93 | 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.

BLOOD SUGAR P.P. 110 mg/dl 80-140

HAEMATOLOGY

BLOOD GROUP

Blood Group A
Rh POSITIVE

URINE EXAMINATION

Report is not valid for medicolegal purpose

Venture of Apple Cardiac Care

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 SAMPLE : BLOOD

DATE : **10/12/2022**
 AGE : 41 Yrs.
 SEX : MALE

| <u>TEST NAME</u> | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|---------------------------------|----------------|--------------|------------------------------|
| URINE EXAMINATION REPORT | | | |
| PHYSICAL EXAMINATION | | | |
| pH | 6.0 | | |
| TRANSPARENCY | | | |
| Volume | 30 | 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 | 0-1 | /H.P.F. | |
| Crystals | NIL | | NIL |
| Casts | NIL | /H.P.F. | |
| DEPOSITS | | | |
| Bacteria | NIL | | |
| Other | NIL | | |

Report is not valid for medicolegal purpose

venture of Apple Cardiac Care

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(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
TRUSTED RESULT

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DATE : **10/12/2022**
AGE : 41 Yrs.
SEX : MALE

TEST NAME

RESULTS

UNITS

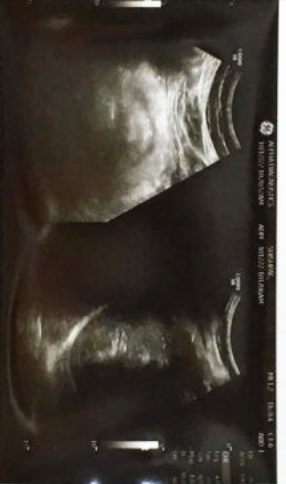
BIOLOGICAL REF. RANGE

Shweta

--{End of Report}--

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

Report is not valid for medicolegal purpose





Patient ID 102218462
Name Mr. SHISHPAL SING
Sex/Age Male 39 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 10/12/2022 10:11:44
Reported On 10/12/2022 10:29:45

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 - is enlarged in size (30cc).

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- **GRADE I PROSTATOMEGALY.**
- **GRADE I FATTY LIVER.**

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No 1 of 1



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

10/12/22

Shishu
54h

04/12/22

11/12/22

85h

97

Asymptomatic

* 7. 31471x (5)

0

1mm

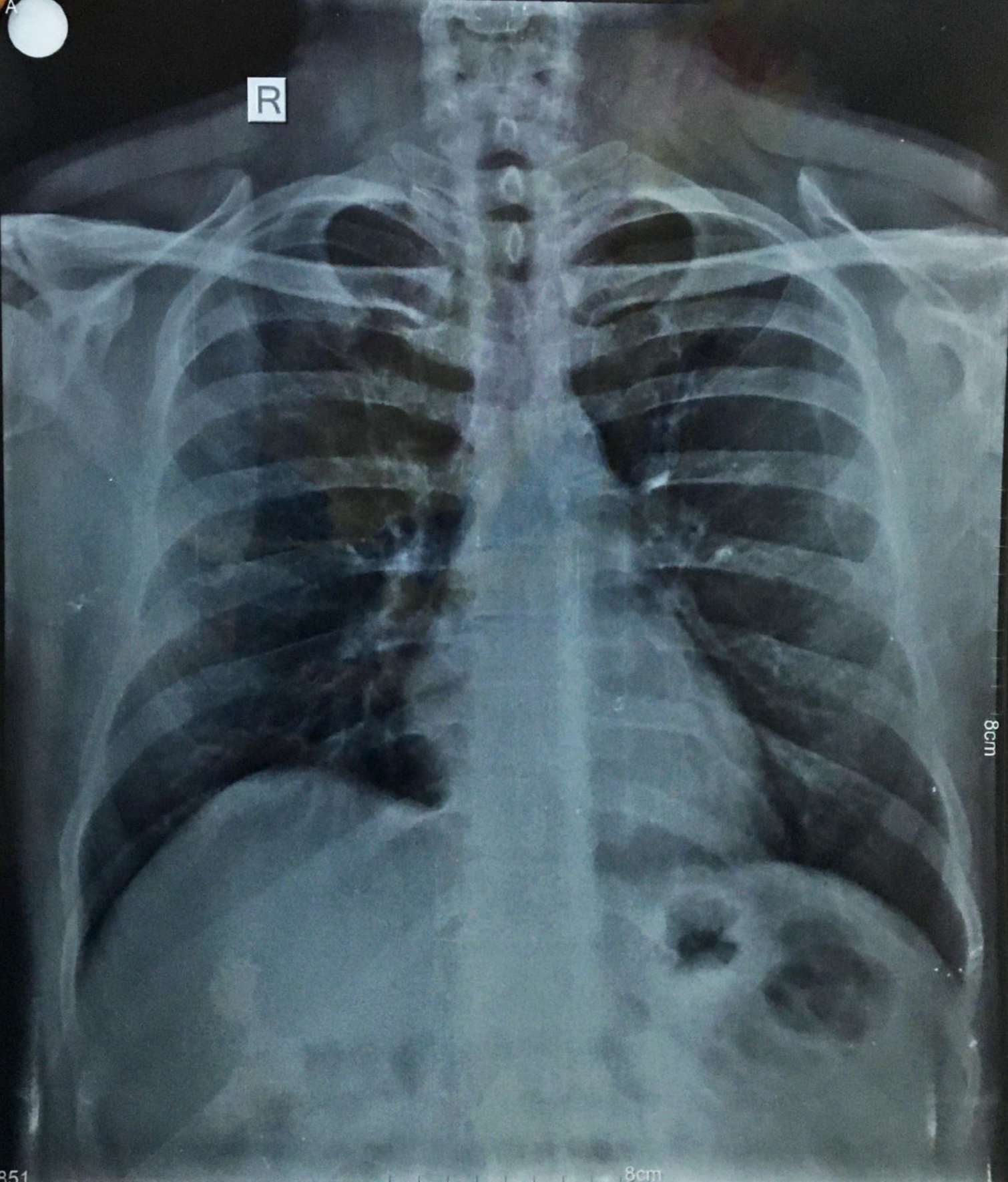
A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

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



1851

SHISHUPAL SINGH 39Y Male CHEST 10-12-2022



ALPHA
DIAGNOSTICS

D/115, Gulmohar Park, Near Delapeer Talab,
Rajendra Nagar, Bareilly (U.P.)
+91-7642912345, 7642812345, 0581-4015223
contact@alphadiagnostic.in
alphadiagnostic07@gmail.com
www.alphadiagnostic.in



Patient ID 102218463
Name Mr. SHISHPAL SINGH
Sex/Age Male 39 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 10/12/2022 10:12:33
Reported On 10/12/2022 10:49:33

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



■ CT Scan (96 Slice) ■ 2D Echo ■ Serology ■ Histopathology ■ Semen Wash For IUI
■ 4D Ultrasound ■ Spirometry ■ Biochemistry ■ Microbiology ■ Complete Hematology
■ Color Doppler ■ Digital X-Ray ■ Cytology ■ Video Bronchoscopy ■ PCR For Covid-19 (Truenat)