



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: W/O: मोहन सिंह राणा, /03, मेन रोड, विद्यालय के पास, कोटि, कोटि, देहरादून, चक्राता, उत्तराखंड, 248123

Address: W/O: Mohan Singh Rana, /03, Main Road, Near School, Koti, Koti, Dehradun, Chakrata, Uttarakhand, 248123



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Bengaluru-560 001



भारत सरकार  
GOVERNMENT OF INDIA



प्रतिमा राणा  
Pratima Rana

जन्म वर्ष / Year of Birth : 1981  
महिला / Female



4536 7992 9596

आधार — आम आदमी का अधिकार

Pratima



PatientID 0010

ExamID 3538

NAME *Pratima Raner 41/R*

Date 08/27/2022

Time 11:57

ExamTime 50:03

( VD = 13.75 mm )

----- MANIFEST -----

SPH CYL AXS

<R> 0.00 -0.50 35

<L> 0.00 -0.50 18

<FAR VA>

R R+L L

<ADD>

R L

+1.50 +1.50

<NEAR VA>

R R+L L

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

SPH CYL AXS

<R> -0.25 -0.25 35

<L> +0.25 -0.75 18

<FAR VA>

R R+L L

FAR PD = 60.0 mm

NEAR PD = 63.0 mm

TOPCON CV-5000



# Pratima Rang 41/2

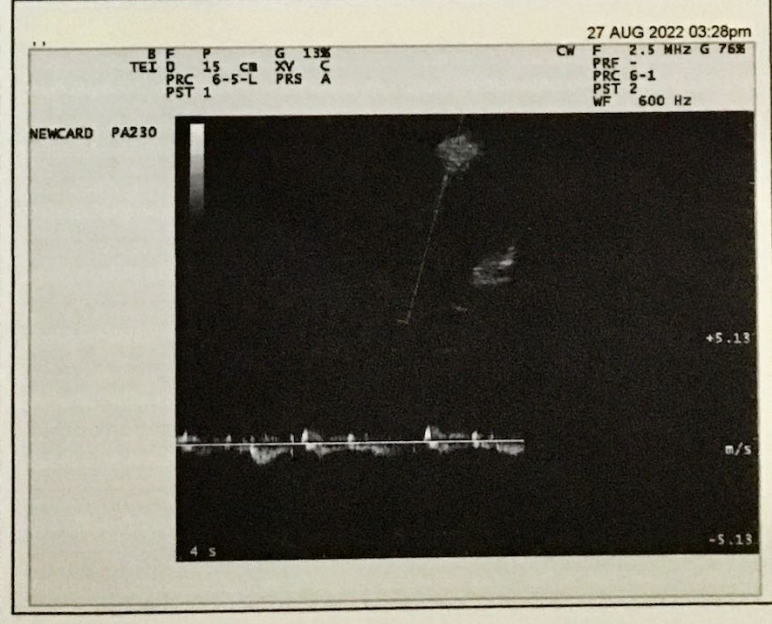
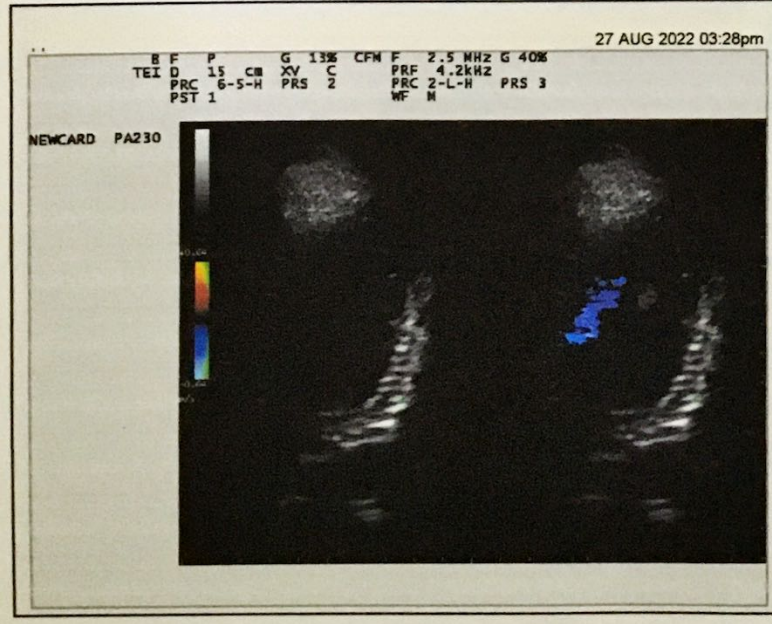
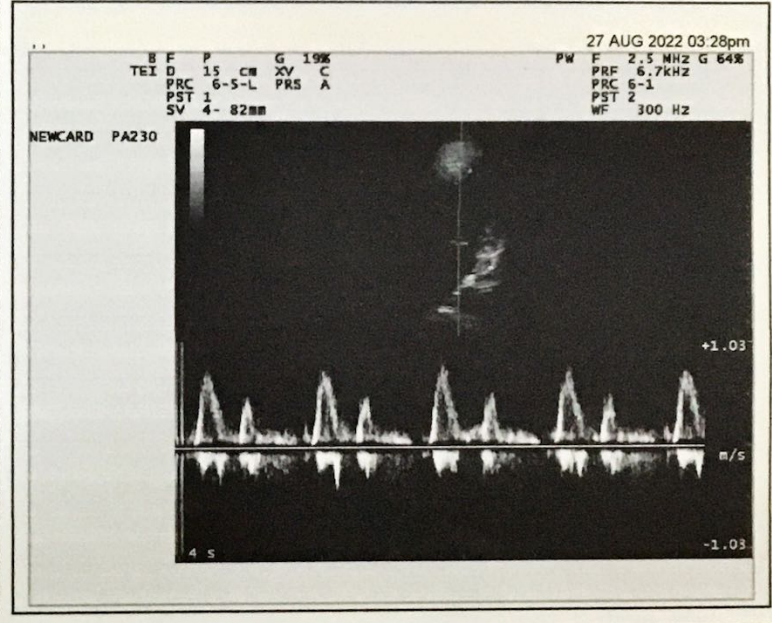
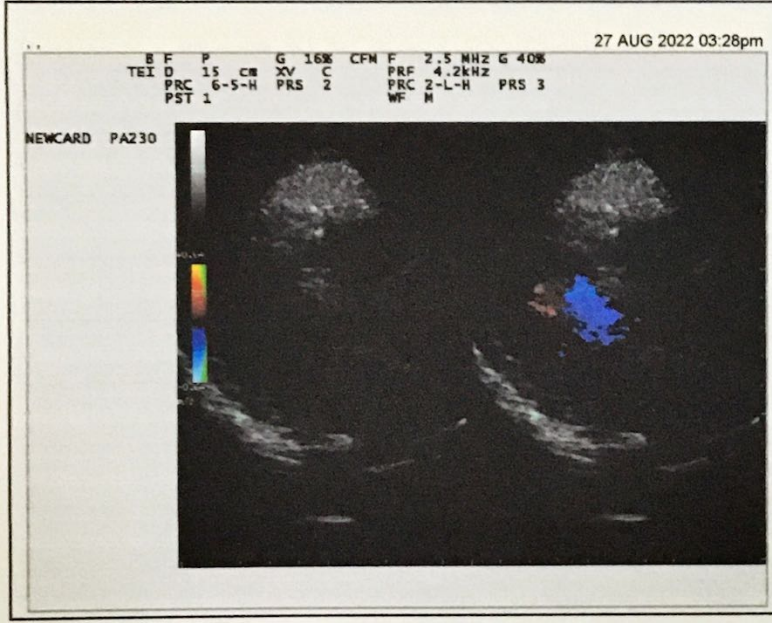
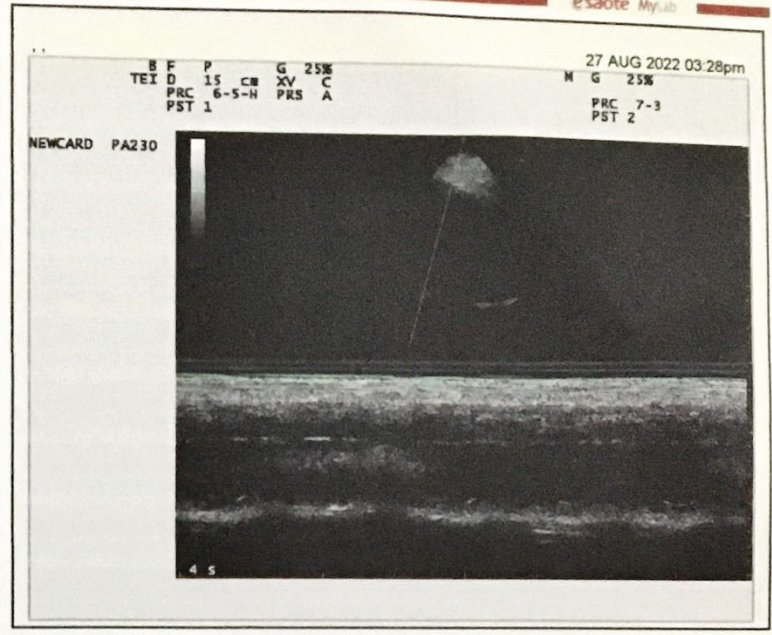
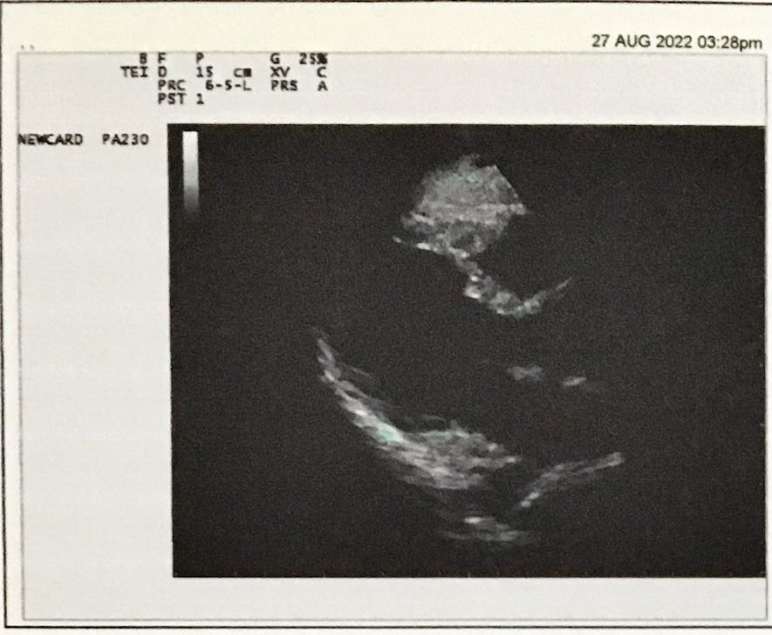
$$DV_n \left\{ \begin{array}{l} 619 - 0.50 DC 35 - 616 \\ 619 - 0.50 DC 18 - 616 \end{array} \right.$$

$$XIV_n \left\{ \begin{array}{l} 12 + 1.50 \\ 12 + 1.50 \end{array} \right\} \text{Add } \begin{array}{l} N-6 \\ N-6 \end{array}$$



# APPLE CARDIAC CARE, BAREILLY

saote MyLab





<b>NAME</b>	Mrs. PRATIMA RANA	<b>AGE/SEX</b>	41 Y/F
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	27/08/2022

## ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.5 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	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= 0.8 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.



BPL - 02

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

BPL CARDIART 6108T

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

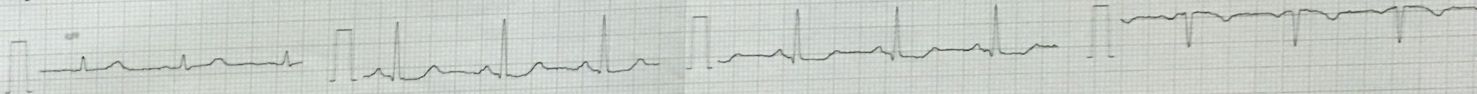
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II

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aVR



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Pat ID.....

CARDIART

CARDIART



BPL - 02 10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

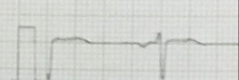
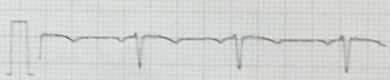
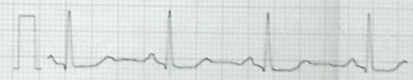
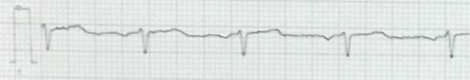
BPL CARDIART 6108T

aVL

aVF

V1

V2



Pat. ID.....



CARDIART



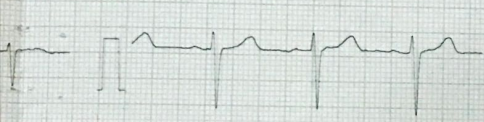
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CARDIART



V3 10mm/mV 25mm/sec  $\approx$  25Hz

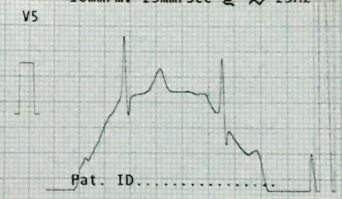


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BPL CARDIART 6108T

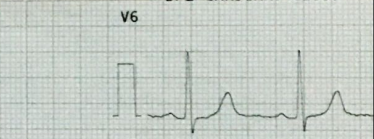


10mm/mV 25mm/sec  $\approx$  25Hz



Pat. ID. ....

BPL CARDIART 6108T



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



LL 02

Pranava

27/3/22

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11/1/20

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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





## 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. : 8  
NAME : **Mrs. RRATIMA RANA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **27/08/2022**  
AGE : 41 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>10.2</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	7,400	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	68	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.13	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	<b>34.2</b>	%	35-54
M C V	82.8	fL	76-96
M C H	<b>24.7</b>	pg	27.00-32.00
M C H C	<b>29.8</b>	g/dl	30.50-34.50
PLATELET COUNT	1.64	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
GLYCOSYLATED HAEMOGLOBIN	5.5		

### 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



## Parture of Apple Cardiac Care

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



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

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SAMPLE : BLOOD

DATE : **27/08/2022**  
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SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	97	mg/dl	60-100
BLOOD UREA	24	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 imparement 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	0.7	mg/dL.	0.5-1.4
URIC ACID	<b>6.1</b>	mg/dl	0-6

### CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	136	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.5	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	8.6	mg/dl	8.5 - 10.5







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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	166	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	121	mg/dl.	30 - 160
HDL CHOLESTEROL	51	mg/dL.	30-70
VLDL CHOLESTEROL	24.2	mg/dL.	15 - 40
LDL CHOLESTEROL	90.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.25	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.78	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 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**

**BLOOD GROUP**

Blood Group : A B  
 Rh : POSITIVE

**URINE EXAMINATION**



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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>			
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		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		
Other	NIL		



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DATE : 27/08/2022  
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SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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--(End of Report)--

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



**A Venture of Apple Cardiac Care**

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**PATHOLOGY**  
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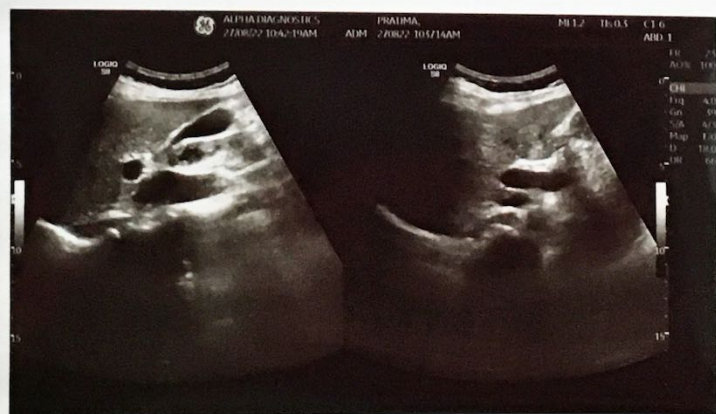
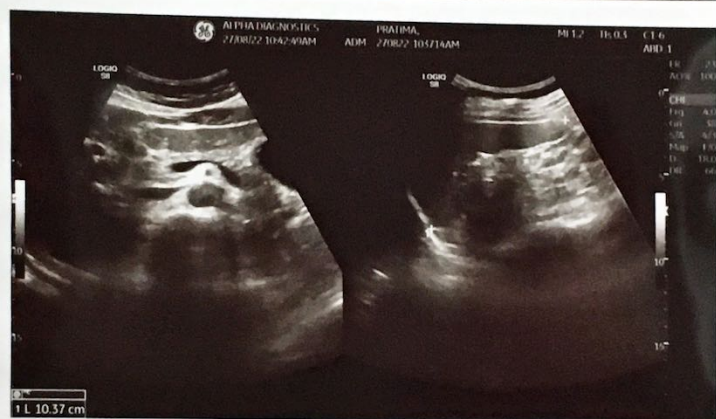
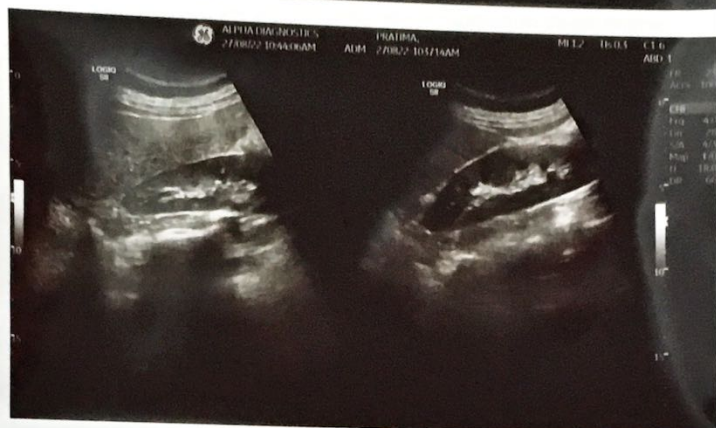
<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR P.P.	110	mg/dl	80-140

--{End of Report}--

*Shweta*

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









**Patient ID** 102210625  
**Name** Mrs. PRATIMA RANA  
**Sex/Age** Female 41 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 27/08/2022 10:00:22  
**Reported On** 27/08/2022 10:48:50

### USG WHOLE ABDOMEN

**Liver** - is normal in size. Homogenous echotexture. No IHBRD / focal SOL is seen. Hepatic vessels are normal. 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** - partially distended.

**Uterus** - is grossly normal.

No ascites is seen.


#### IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

ADV - PLEASE CORRELATE CLINICALLY.

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

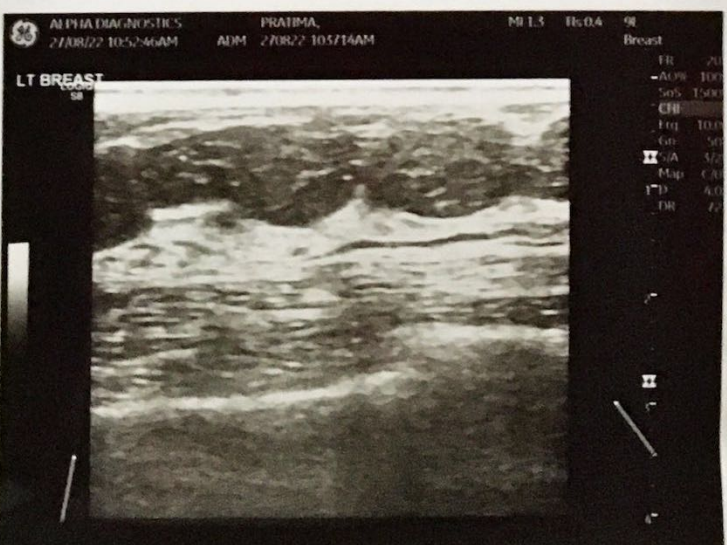


  
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

Page No. 1 of 1











**Patient ID** 102210625  
**Name** Mrs. PRATIMA RANA  
**Sex/Age** Female 41 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 27/08/2022 10:00:22  
**Reported On** 27/08/2022 10:58:34

### 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** 102210626  
**Name** Mrs. PRATIMA RANA  
**Sex/Age** Female 41 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 27/08/2022 10:02:02  
**Reported On** 27/08/2022 10:51:30


### 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 \*\*\*



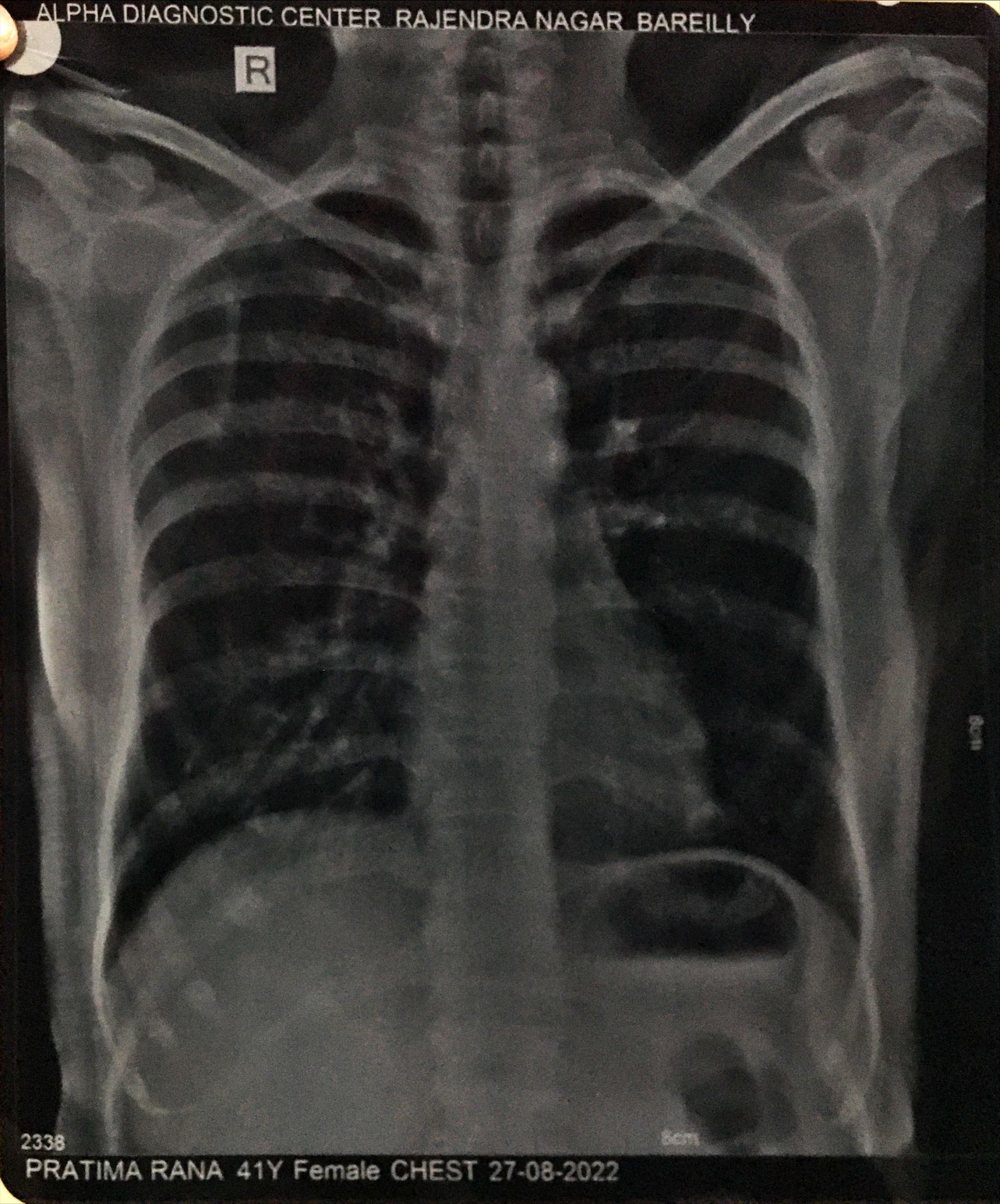
  
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

Page No 1 of 1





R



2338

8cm

PRATIMA RANA 41Y Female CHEST 27-08-2022