

 भारत सरकार
GOVERNMENT OF INDIA

 शशी गौतम
Shashi Gautam
जन्म तिथि/ DOB: 07/06/1978
पहिला / FEMALE

3475 3158 3274

मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
अर्धागिनी: संगीत कुमार गौतम, ए 45,
राजीव एन्क्लेव, बिहाएन्ड अशरफी
वेडिंग हॉल, बरेली, बरेली,
उत्तर प्रदेश - 243122

Address:
W/O: Sangeet Kumar Gautam, a
45, rajeev enclave, bihaend
asharfi wedding holi, Bareilly,
Bareilly,
Uttar Pradesh - 243122



1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

Shashi

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. : 434
NAME : **Mrs. SHASHI GAUTAM**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **24/09/2022**
AGE : 46 Yrs.
SEX : FEMALE

| <u>TEST NAME</u> | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|-----------------------------------|----------------|----------------------|------------------------------|
| HAEMATOLOGY | | | |
| COMPLETE BLOOD COUNT (CBC) | | | |
| HAEMOGLOBIN | 12.3 | gm/dl | 12.0-15.0 |
| TOTAL LEUCOCYTE COUNT | 7,300 | /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 | 4.03 | million/cumm | 3.5-6.5 |
| P.C.V./ Haematocrit value | 37.3 | % | 35-54 |
| M C V | 92.6 | fL | 76-96 |
| M C H | 30.5 | pg | 27.00-32.00 |
| M C H C | 33.0 | g/dl | 30.50-34.50 |
| PLATELET COUNT | 1.56 | lacs/mm ³ | 1.50 - 4.50 |
| E.S.R. (Westergren Method) | 14 | 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

Care of Apple Cardiac Care

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



APPLE
PATHOLOGY
TRUSTED RESULT

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|------------------------------|
| BLOOD SUGAR F. | 85 | mg/dl | 60-100 |
| Gamma Glutamyl Transferase (GGT) | 17 | U/L | 11-50 |
| | | | |
| BLOOD UREA | 33 | 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 | 0.9 | mg/dL. | 0.5-1.4 |
| | | | |
| URIC ACID | 5.7 | mg/dl | 0-6 |

CLINICAL SIGNIFICANCE:

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

| | | | |
|---------------------|-----|-------------|------------|
| SERUM SODIUM (Na) | 141 | m Eq/litre. | 135 - 155 |
| SERUM POTASSIUM (K) | 4.8 | m Eq/litre. | 3.5 - 5.5 |
| SERUM CALCIUM | 9.2 | mg/dl | 8.5 - 10.5 |

Apple Cardiac Care

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| <u>TEST NAME</u> | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|-----------------------|----------------|--------------|------------------------------|
| LIVER PROFILE | | | |
| SERUM BILIRUBIN | | | |
| TOTAL | 0.7 | mg/dL | 0.3-1.2 |
| DIRECT | 0.4 | mg/dL | 0.2-0.6 |
| INDIRECT | 0.3 | mg/dL | 0.1-0.4 |
| SERUM PROTEINS | | | |
| Total Proteins | 6.8 | Gm/dL | 6.4 - 8.3 |
| Albumin | 3.9 | Gm/dL | 3.5 - 5.5 |
| Globulin | 2.9 | Gm/dL | 2.3 - 3.5 |
| A : G Ratio | 1.34 | | 0.0-2.0 |
| SGOT | 33 | IU/L | 0-40 |
| SGPT | 26 | IU/L | 0-40 |
| SERUM ALK.PHOSPHATASE | 86 | 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.

Apple Cardiac Care

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| TEST NAME | RESULTS | UNITS | BIOLOGICAL REF. RANGE |
|---------------------------------|----------------|--------------|------------------------------|
| URINE EXAMINATION REPORT | | | |
| PHYSICAL EXAMINATION | | | |
| TRANSPARENCY | | | |
| Volume | 20 | 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 | 2--3 | /H.P.F. | |
| Epithelial Cells | 1--2 | /H.P.F. | |
| Crystals | NIL | | NIL |
| Casts | Nil | /H.P.F. | |
| DEPOSITS | NIL | | |



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TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

Shweta

--{End of Report}--

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

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DATE : **24/09/2022**
AGE : 46 Yrs.
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| <u>TEST NAME</u> | <u>RESULTS</u> | <u>UNITS</u> | <u>BIOLOGICAL REF. RANGE</u> |
|------------------|---------------------|--------------|------------------------------|
| | BIOCHEMISTRY | | |
| BLOOD SUGAR P.P. | 95 | mg/dl | 80-140 |

--{End of Report}--

Shweta

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

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

Cheshi U...

24/5/22

120/60

80/2

92

T-Lense ?
- 5 gms

Ins. xene 61 9h

C

T-Emto 257

C

Examed

Ins

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

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

BPL CARDIART 6108T

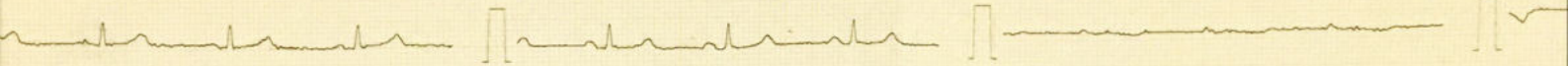
10mm/mV 25mm/sec \approx 25Hz

BPL

II

III

aVR



Pat. ID. Shashi... Gowtam 24/09/22

Pat. ID.....

CARDIART 6108T

BPL

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

aVL



Pat. ID.....

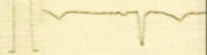
BPL CARDIART 6108T

10mm/mV 25mm/sec

aVF



V1



Pat. ID.....

ec 25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

V2

V3

V4



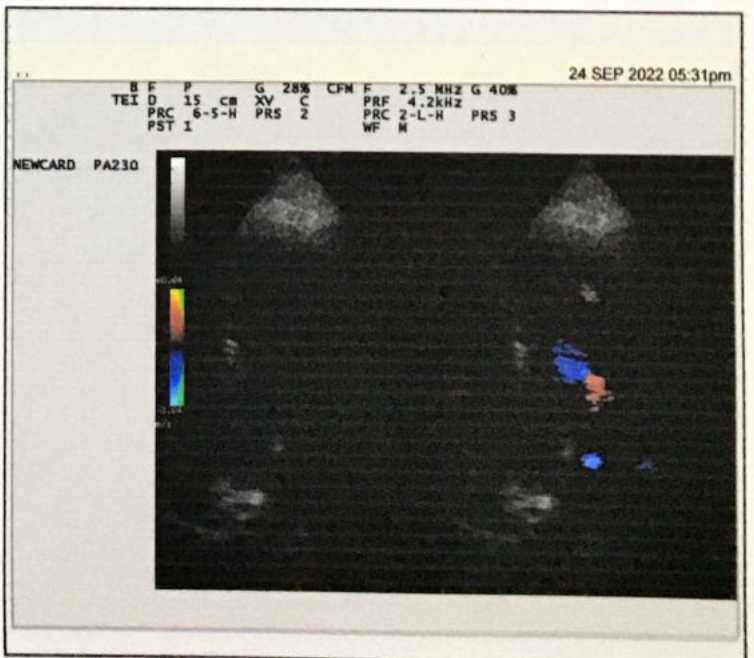
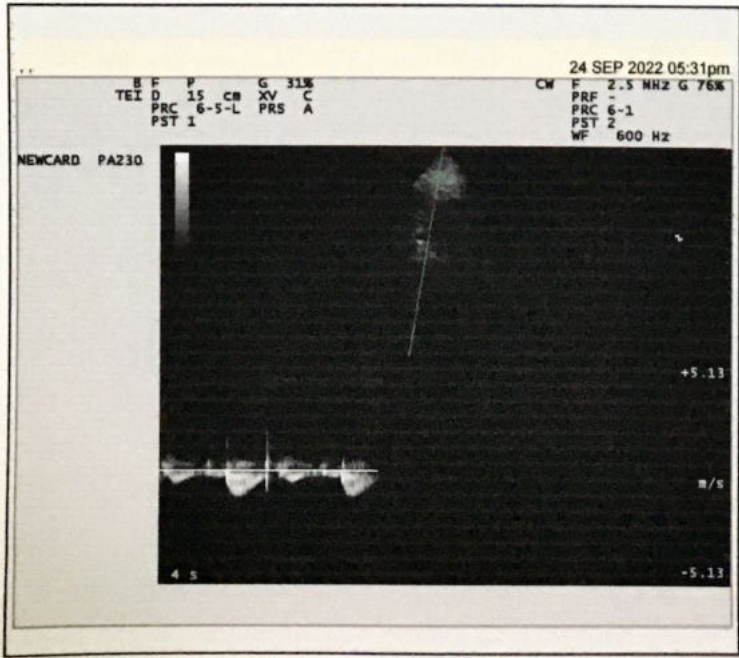
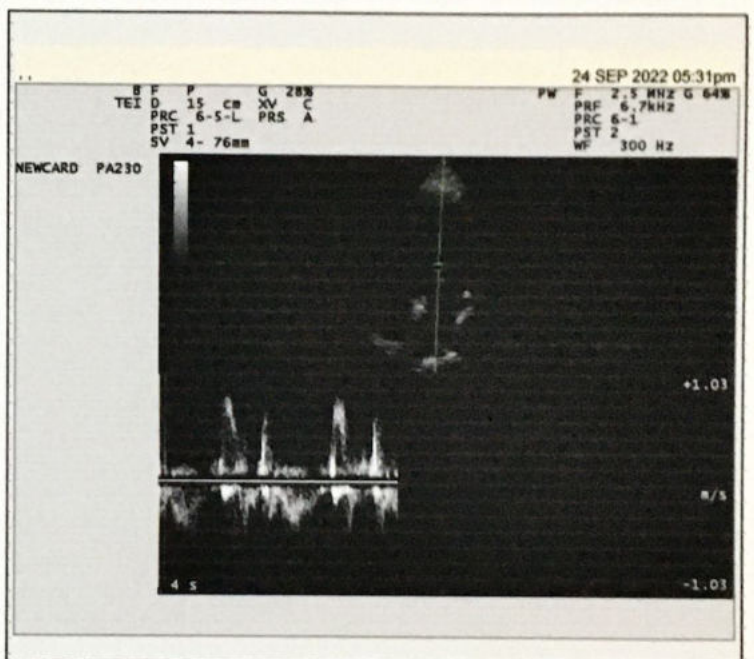
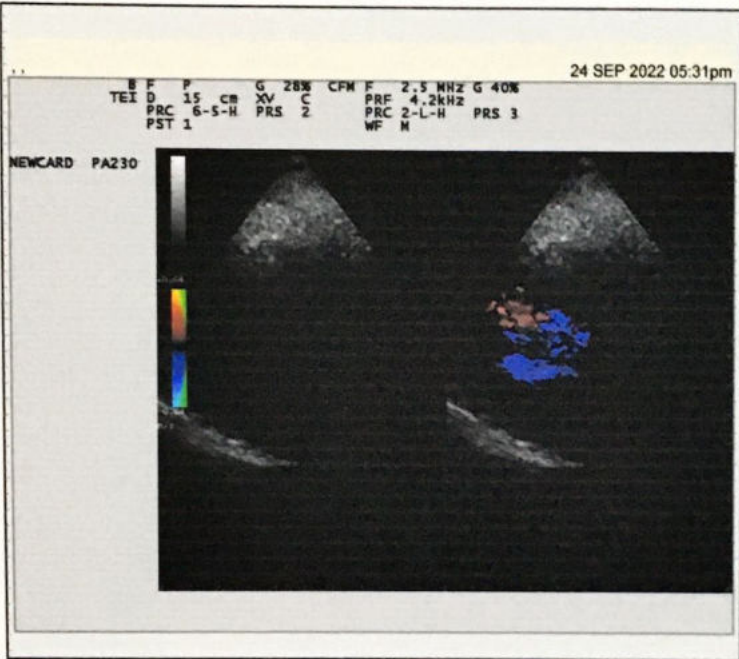
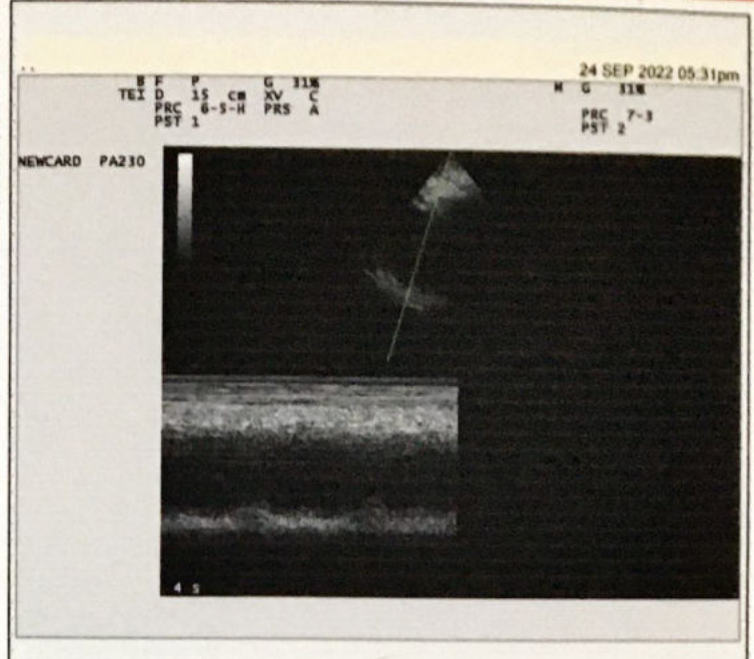
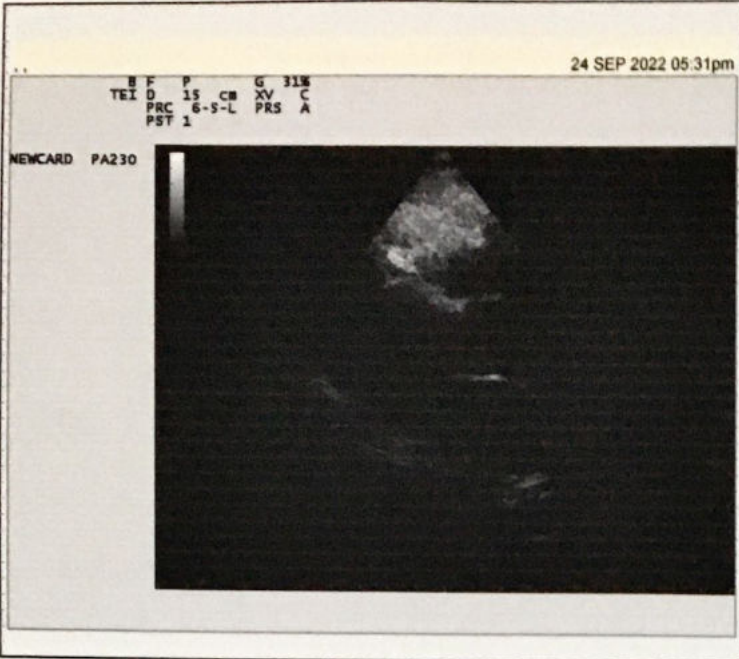
Pat. ID.

CARDIART

CARDIART

APPLE CARDIAC CARE, BAREILLY

Esote MyLab



| | | | |
|-----------------|------------------------|----------------|------------|
| NAME | Mrs. SHASHI GAUTAM | AGE/SEX | 44 Y/F |
| Reff. By | Dr. NITIN AGARWAL (DM) | DATE | 24/09/2022 |

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 | 2.2 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 %) |

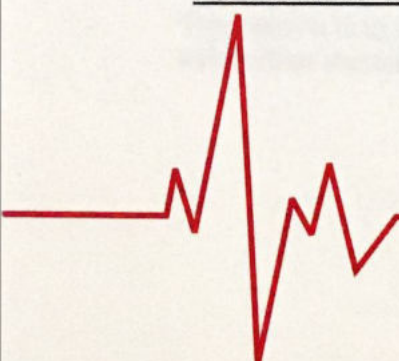
LEFT VENTRICLE : No regional wall motion abnormality
No concentric left Ventricle Hypertrophy

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:

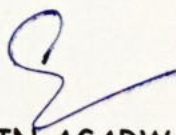
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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.

PatientID 0020

ExamID 3587

NAME Shashi Gantam 44/R

Date 09/24/2022

Time 12:59

ExamTime 87:12

(VD = 13.75 mm)

----- MANIFEST -----

| | SPH | CYL | AXS |
|----------|-------|-------|-----|
| <R> | +0.75 | +0.50 | 110 |
| <L> | +0.75 | +0.50 | 77 |
| <FAR VA> | | | |
| | R | R+L | L |

<ADD>

| | R | L | |
|-----------|-------|-------|---|
| | +1.75 | +1.75 | |
| <NEAR VA> | | | |
| | R | R+L | L |

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

| | SPH | CYL | AXS |
|----------|-------|-------|-----|
| <R> | +0.75 | +0.50 | 110 |
| <L> | +1.00 | +0.50 | 77 |
| <FAR VA> | | | |
| | R | R+L | L |

FAR PD = 60.0 mm

NEAR PD = 62.0 mm

TOPCON CV-5000

Shashi Craytam 44/2

DV_n ← 6/18
6/18

+0.75PS +0.50R110 - 6/6

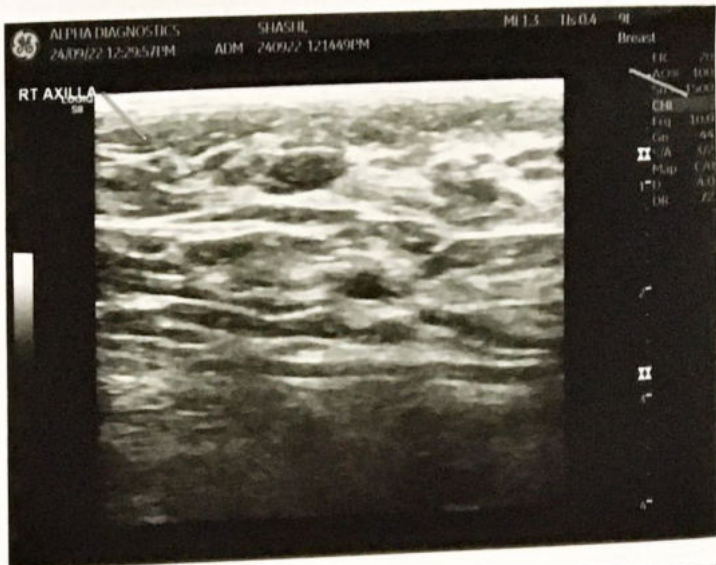
+0.75PS +0.50R77 - 6/6

MV_n ← 24
18

+1.75
+1.75 / Add

6

6





Patient ID 102212614
Name Mrs. SHASHI GAUTAM
Sex/Age Female 44 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 24/09/2022 11:05:37
Reported On 24/09/2022 12:33:49

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 102212614
Name Mrs. SHASHI GAUTAM
Sex/Age Female 44 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 24/09/2022 11:05:37
Reported On 24/09/2022 12:26:42

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 - No calculus is seen in the lumen. Wall is smooth and regular.

Uterus - is anteverted and normal in size and shape. Myometrium appears to be normal. No definite evidence of myoma is seen. Central endometrium echo complex is normal.

B/L ovary/ adnexa - normal in size.

No definite evidence of fluid is seen in pouch of Douglas.

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 102212615
Name Mrs. SHASHI GAUTAM
Sex/Age Female 44 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 24/09/2022 11:06:38

Reported On 24/09/2022 11:49:00

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 *****

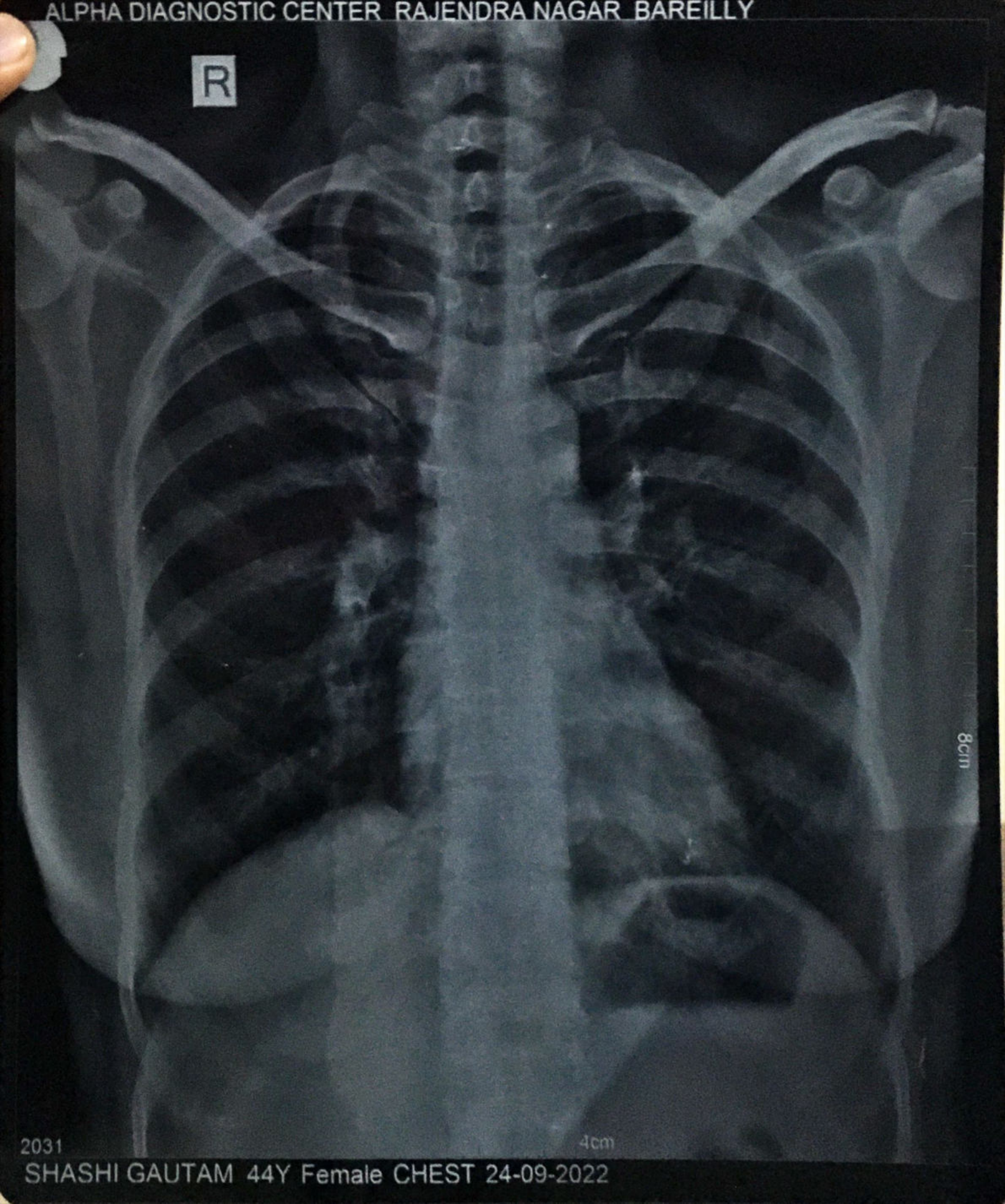


DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1



R



2031

4cm

SHASHI GAUTAM 44Y Female CHEST 24-09-2022

Dr. Nitin Agarwal
DM (CARDIOLOGY)

NO ADMISSION WITHOUT
PERMISSION
FOR ANY ONE OTHER
BEFORE ENTERING
SWITCHED OFF OR SILENCE
YOUR CELL PHONE
अन्य किसी भी व्यक्ति के
बिना प्रवेश करने की
अनुमति नहीं है

