Dr. Nitin Agarwal

MD, DM (Cardiology) Consultant Interventional Cardiologist Coll +91-94578 33777

Equipmenty at Excorts Heart Institute & Research Centre, Delhi Dr. Ram Manchar Lohia Hospital, Delhi



SAZITA

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.

पर्या पाँच दिन के लिये पाना





- O 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

102221819

Name

Mrs. SARITA SHARMA

Sex/Age

Female 47 Yrs

Ref. By

Dr. NITIN AGARWAL

Reg. Date

03/02/2023 10:26:45

Reported On

03/02/2023 11:18:32

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 -

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 - is partially distended.

Uterus - is grossly normal.

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

IMPRESSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



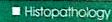
N DR KAMAL NAYAN GANGEY DNB RADIODIAGNOSIS Page No 1 of 1













Color Doppler Digital X-Ray Cytology

Biochemistry

Microbiology ■ Video Bronchoscopy ■ PCR For Covid-19 (Truenat)

■ Complete Hematology







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contact@alphadiagnostic.in alphadiagnostic07@gmail.com www.alphadiagnostic.in



Patient ID

102221820

Name

Mrs. SARITA SHARMA

Sex/Age

Female 47 Yrs

Ref. By

Dr. NITIN AGARWAL

Reg. Date

03/02/2023 10:28:45

Reported On

03/02/2023 11:12:26

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 increased.

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) 4D Ultrasound

Color Doppler

2D Echo Spirometry Serology ■ Biochemistry

Digital X-Ray Cytology

Histopathology Microbiology

Semen Wash For IUI

■ Complete Hematology ■ Video Bronchoscopy ■ PCR For Covid-19 (Truenat)





NAME	Mrs. SARITA SHARMA	AGE/SEX	47 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	03/02/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

MEASUREME	NTS	VALUE	NORMAL DIMENSIONS
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 <mark>-1</mark> .1 cm)
AO	2.2	cm	(2.2 –3.7 cm)
LA	3.0	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

FACILITIES: ECG | COLOUR DOPPLER | ECHO CARDIOGRAPHY

TMT | HOLTER MONITORING | PATHOLOGY

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

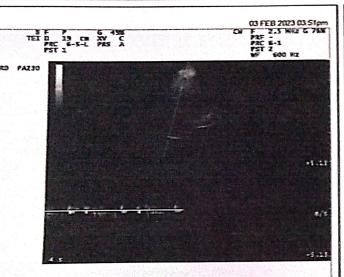
- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN

DR.NITIN AGARWAL
DM (Cardiology)

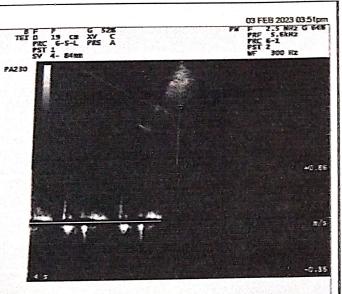
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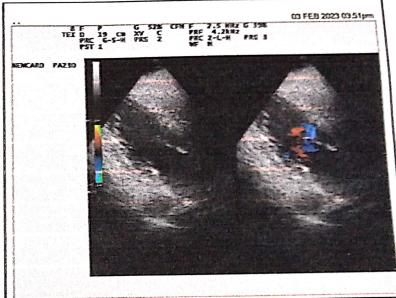
Consultant Cardiologist

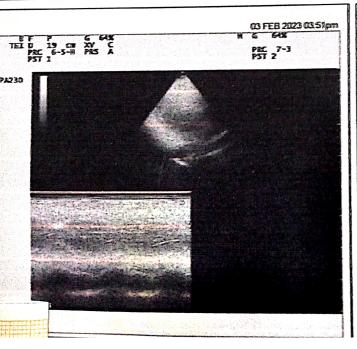
This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.













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



Reg.NO.

: 537

NAME

: Mrs. SARITA SHARMA

REFERRED BY

: Dr.Nitin Agarwal (D M)

SAMPLE

: BLOOD

DATE : 03/02/2023

AGE : 47 Yrs.

SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE		
	HAEMATOLOGY				
COMPLETE BLOOD COUNT (CBC)					
HAEMOGLOBIN	9.0	gm/dl	12.0-15.0		
TOTAL LEUCOCYTE COUNT	8,000	/cumm	4,000-11,000		
DIFFERENTIAL LEUCOCYTE COUNT(DLC	C)				
Neutrophils	70	%	40-75		
Lymphocytes	28	%	20-45		
Eosinophils	02	%	01-08		
TOTAL R.B.C. COUNT	4.60	million/cum	million/cumm3.5-6.5		
P.C.V./ Haematocrit value	32.4	%	35-54		
M'C V	70.4	fL	76-96		
И С H	19.6	pg	27.00-32.00		
1 C H C	27.8	g/dl	30.50-34.50		
LATELET COUNT	2.82	lacs/mm3	1.50 - 4.50		
.S.R. (Westergren Method)	12	mm/1st hr	. 0 - 20		
LOOD GROUP					
Blood Group	0				
Rh	POSITIVE				
	BIOCHEMISTRY				
OOD SUGAR F.	86	mg/dl	60-100		
	HAEMATOLOGY				

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Reg.NO.

: 537

NAME

: Mrs. SARITA SHARMA : Dr.Nitin Agarwal (D M)

REFERRED BY

: BLOOD SAMPLE

DATE : 03/02/2023

AGE : 47 Yrs.

SEX : FEMALE

TEST NAME

RESULTS

5.8

<u>UNITS</u>

BIOLOGICAL REF. RANGE

GLYCOSYLATED HAEMOGLOBIN

EXPECTED RESULTS:

Non diabetic patients

Good Control Fair Control Poor Control

4.0% to 6.0%

6.0% to 7.0% 7.0% to -8%

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

10-40 mg/dL. 26 **BLOOD UREA**

- * 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

1.0

mg/dL.

0.5 - 1.4

URIC ACID

6.5

mg/dl

3.0 - 6.0

CLINICAL SIGNIFICANCE:

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

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Reg.NO.

NAME REFERRED BY

: Mrs. SARITA SHARMA : Dr.Nitin Agarwal (D M)

SAMPLE

DATE: 03/02/2023

: 47 Yrs. AGE

SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM SODIUM (Na)	136	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.7	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5
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	6.7	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A: G Ratio	1.68		0.0-2.0
SGOT	24	IU/L	0-40
SGPT	17	IU/L	0-40
SERUM ALK.PHOSPHATASE	74	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, steator rhea and bone diseases.

Road

are of Apple Cardiac Care

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



DATE : 03/02/2023 : 47 Yrs. AGE : FEMALE SEX : 537 Reg.NO.

: Mrs. SARITA SHARMA : Dr.Nitin Agarwal (D M) NAME

REFERRED BY : Dr.Nitin Agarwal (D M) SAMPLE : BLOOD	<u>RESULTS</u>	UNITS	BIOLOGICAL REF. RANGE
TEST NAME LIPID PROFILE SERUM CHOLESTEROL SERUM TRIGLYCERIDE HDL CHOLESTEROL VLDL CHOLESTEROL LDL CHOLESTEROL CHOL/HDL CHOLESTEROL RATIO LDL/HDL CHOLESTEROL RATIO	151 101 45 20.2 85.80 3.36 1.91	mg/dL. mg/dL. mg/dL. mg/dL. mg/dl mg/dl	130 - 200 30 - 160 30-70 15 - 40 00-130

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 indefining cardiovascular risk factors and in the managment 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

are of Apple Cardiac Care

ım Road,

Ekta Nagar, Stadium Road,

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



DATE : 03/02/2023

Reg.NO. : 537

NAME : Mrs. SARITA SHARMA

DEFERDED BY : Dr.Nitin Agarwal (D M)

AGE : 47 Yrs.

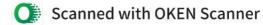
SEX : FEMALE

REFERRED BY SAMPLE	: Dr.Nitin Agarwal (D M) : BLOOD			DANGE DANGE
TEST NAME		<u>RESULTS</u>	UNITS	BIOLOGICAL REF. RANGE
	INATION REPORT			
	EXAMINATION			
TRANSPARENC			4-	
Volume		20	ml	
Colour		Light Yellow		Nil
Appearence	ce	NIL		IVII
Odour		NIL		
Sediments	;	Nil		1.015-1.025
Specific G	ravity	1.015		1.015-1.025
Reaction		NIL		
віоснемі	CAL EXAMINATION			NIL
UROBILINOGE		Nil		
BILIRUBIN	,	Nil		NEGATIVE
URINE KETON	E	Nil		NEGATIVE
Sugar		Nil		Nil
Albumin		Nil		Nil
Phosphate	es	NIL		Nil
MICROSCO	PIC EXAMINATION			
Red Blood	Cells	Nil	/H.P.F.	
Pus Cells		6-8	/H.P.F.	
Epithelial (Cells	5-7	/H.P.F.	
Crystals		NIL		NIL
Casts		Nil	/H.P.F.	
DEPOSITS		NIL		
Bacteria		NIL		
Other		NIL		

Report is not valid for medicolegal purpose

Page 5 of 6

Lab. Timings: 9.00 a.m. to 8.00 p.m. Sunday: 10.00 a.m. to 2.00 p.m. Home Sample Collection Facility Available



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Reg.NO.

: 537

NAME

: Mrs. SARITA SHARMA : Dr.Nitin Agarwal (D M)

REFERRED BY SAMPLE

: BLOOD

DATE : 03/02/2023

AGE: 47 Yrs. SEX: FEMALE

TEST NAME

RESULTS

--{End of Report}--

<u>UNITS</u>

BIOLOGICAL REF. RANGE

Dr. Shweta Agarwal, M.D.

(Pathologist)

Report is not valid for medicolegal purpose

Lab. Timings: 9.00 a.m. to 8.00 p.m. Sunday: 10.00 a.m. to 2.00 p.m.

nure of Apple Cardiac Care

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



Reg.NO.

: 537

NAME

: Mrs. SARITA SHARMA

REFERRED BY

: Dr.Nitin Agarwal (D M)

SAMPLE

: BLOOD

DATE : 03/02/2023

AGE : 47 Yrs. SEX

: FEMALE

TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

BIOCHEMISTRY

BLOOD SUGAR P.P.

138

mg/dl

80-140

--{End of Report}--

Dr. Shweta Agarwal, M.D.

Shweta

(Pathologist)





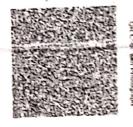




Government of India

न्मनीजन क्रम/ Enrolment No.: 0635/10860/49073

शारिता संप्र् Sarita Sharma W/O Dinesh Kumar Sharma 48-B. Vatika Suncity Vistar Bareilly Near Air Force Station Bareilly Izzat Nagar Barelly Uttar Pradesh - 243122 7500594239



आपका आधार क्रमांक / Your Aadhaar No. :

3854 4539 2132

VID: 9164 0091 6970 6592

मेरा आधार, मेरी पहचान



Government of India



स्मिता शर्मा Sarita Sharma जन्म तिथि/DOB: 30/06/1976 महिला/ FEMALE

3854 4539 2132

VID: 9164 0091 6970 6592 मेरा आधार, मेरी पहचान





सुचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं |
- पहचान का प्रमाण ऑनलाइन ऑधेन्टिकेशन द्वारा प्राप्त करें |
- यह एक इलेक्ट्रोंनिक प्रक्रिया द्वारा बना हुआ पत्र है |

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- m Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.
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Address: W/O Dinesh Kumar Sharma, 48-B, Vatika, Suncity Vistar, Near Air Force Station, Bareilly, Bareilly, Uttar Pradesh - 243122



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VID: 9164 0091 6970 6592

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