



भारत सरकार
Unique Identification Authority of India

पता:
 D/O: राजाराम चौधरी, हाउस नंबर-8,
 सतबरी रोड, नई आजाद नगर,
 किदवई नगर, कानपुर नगर, किदवई
 नगर, उत्तर प्रदेश, 208011

Address:
 D/O: Rajaram Chaudhary, House
 Number-8, Satbari Road, New
 Azad Nagar, Kidwai Nagar,
 Kanpur Nagar, Kidwai Nagar,
 Uttar Pradesh, 208011

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भारत सरकार
Government of India



ममता चौधरी
 Mamta Chaudhary
 जन्म तिथि / DOB : 06/12/1995
 महिला / Female



2812 4485 0301

आधार - आम आदमी का अधिकार

Mamta

Mangta Chaudhary

26/2

PatientID 0007

ExamID 3470

NAME

Date 07/22/2022

Time 11:57

ExamTime 71:29

(VD = 13.75 mm)

Ref ——— MANIFEST ———
SPH CYL AXS
<R> 0.00 -1.25 15
<L> 0.00 -0.25 179
<FAR VA>
R R+L L

————— RM DATA ———
SPH CYL AXS
<R> 0.00 -1.75 15
<L> -0.50 -0.50 179
<FAR VA>
R R+L L

FAR PD = 62.0 mm

TOPCON CV-5000

Mamta Chaudhary 26/10

22/07/22

DVA $\left\{ \begin{array}{l} 6/12 \\ 6/6P \end{array} \right.$

-1.25 DC 15 — 6/6

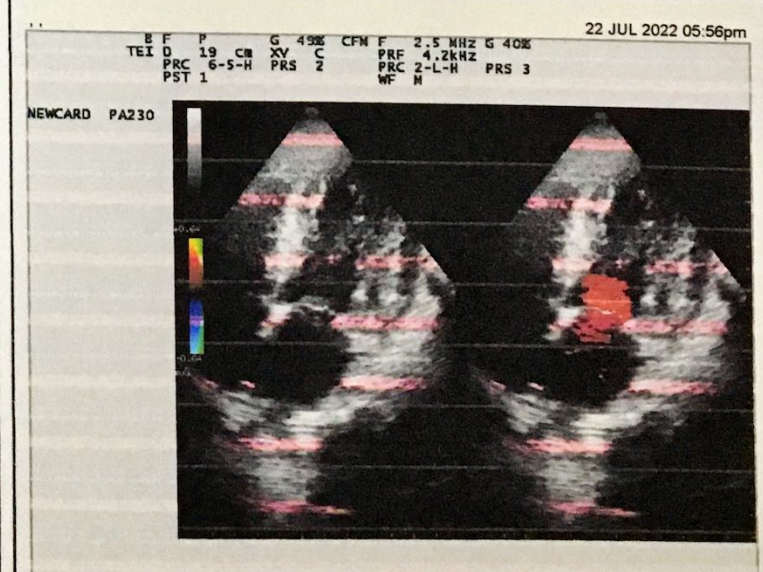
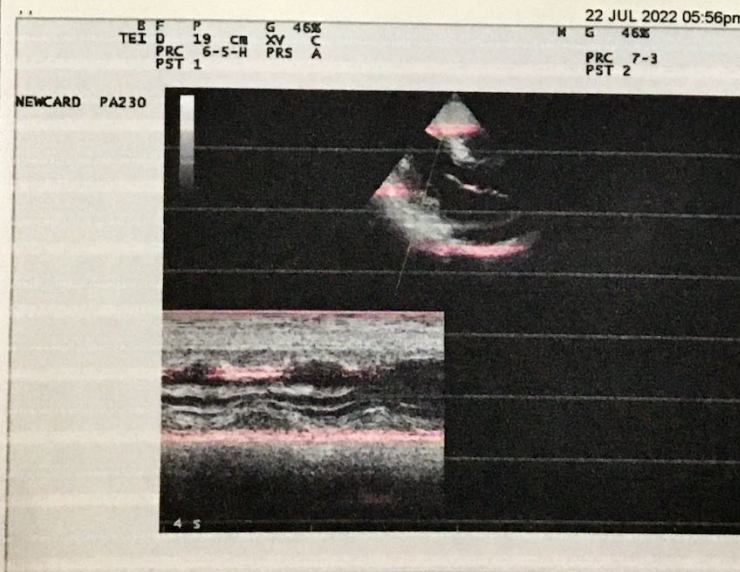
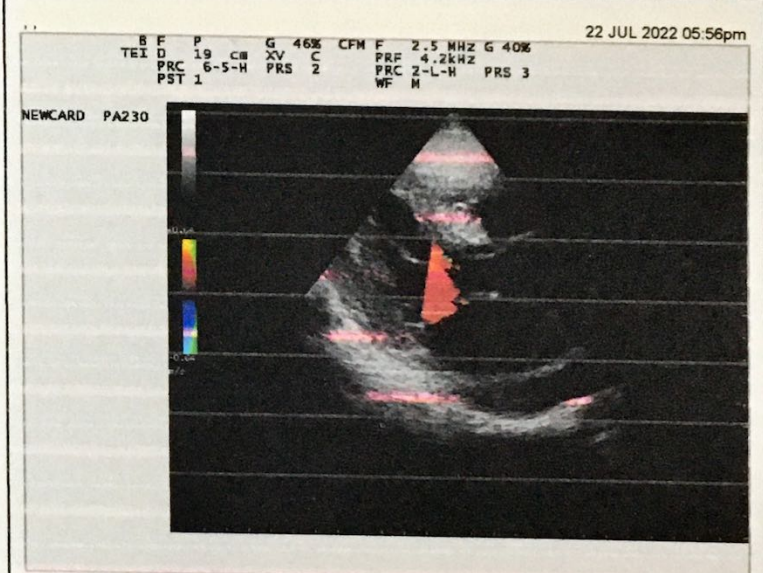
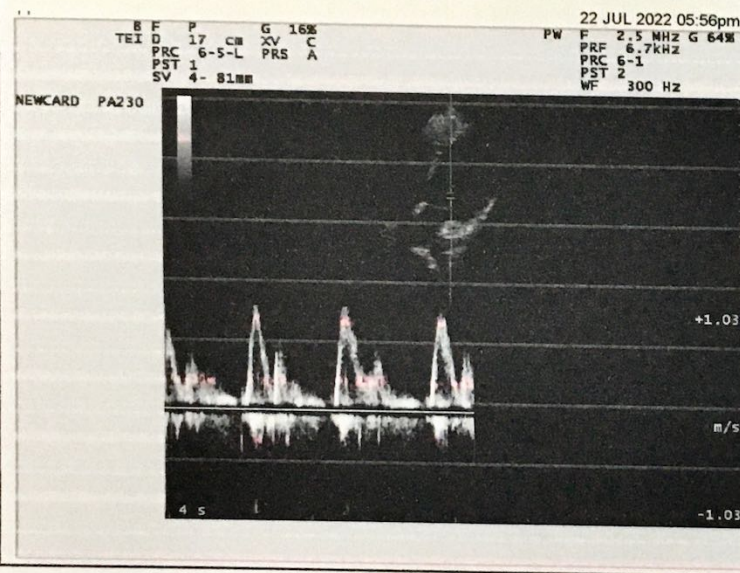
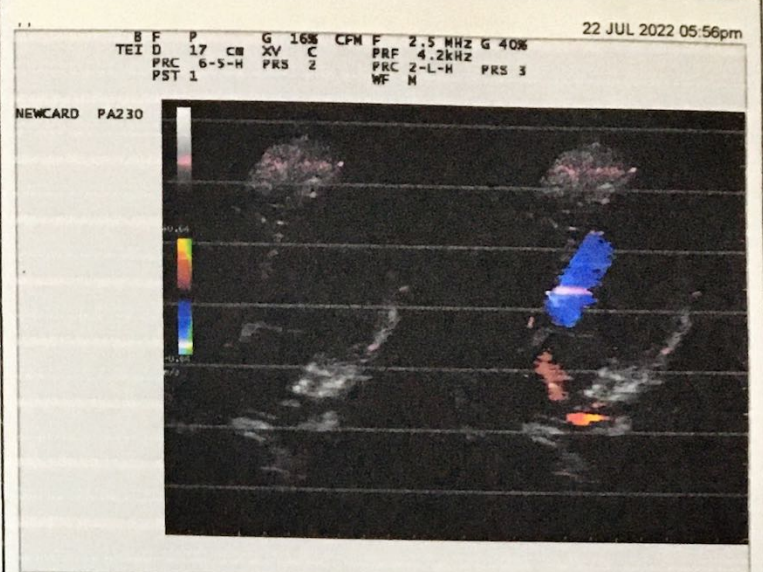
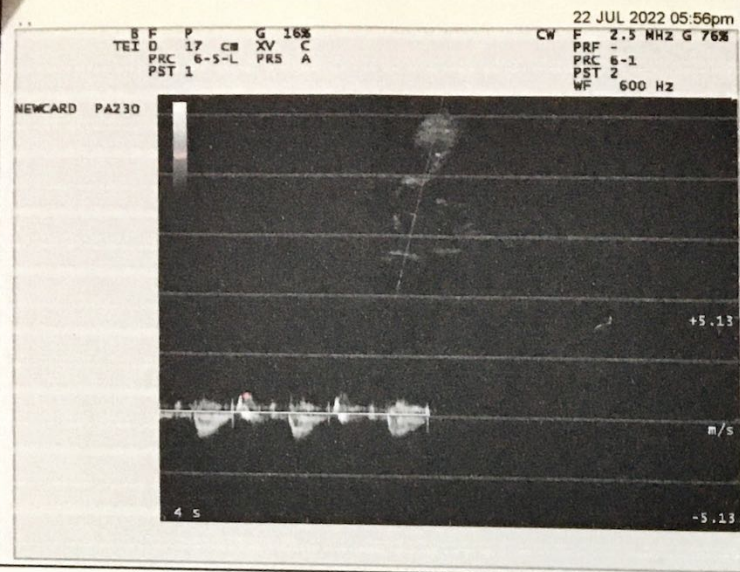
-0.25 DC 179 — 6/6

MVA $\left\{ \begin{array}{l} 6 \\ 6 \end{array} \right.$

colour vision (N)

APPLE CARDIAC CARE, BAREILLY

saote MyLab





NAME	Mrs. MAMTA CHAUDHARY	AGE/SEX	26 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	22/07/2022

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	2.2 cm	(2.2 –3.7 cm)
LA	2.8 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:

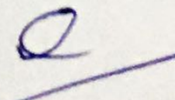
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

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



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 544
NAME : **Mrs. MAMTA CHAUDHARY**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/07/2022**
AGE : 26 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	11.9	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	6,200	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	33	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.20	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	39.2	%	35-54
M C V	93.3	fL	76-96
M C H	28.3	pg	27.00-32.00
M C H C	30.4	g/dl	30.50-34.50
PLATELET COUNT	1.58	lacs/mm ³	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



Reg.NO. : 544
NAME : **Mrs. MAMTA CHAUDHARY**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **22/07/2022**
AGE : 26 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	83	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	21	U/L	

NORMAL RANGE:

MALE: 7-32

FEMALE: 11-50

COMMENT:

Gama glutamyl Transferase (GGT) is an enzyme found mainly in serum from hepatic origin, though the highest levels are in the kidneys. Elevated levels are found in hepatobiliary and pancreatic diseases, Chronic alcoholism, myocardial infarction with secondary liver damage, and diabetics.

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

CLINICAL SIGNIFICANCE : The amount of creatinine produced is fairly constant (Unlike urea) and it is removed from plasma by glomerular filtration and then excreted in urine without appreciable resorption by tubules. Therefore Creatinine is an useful indicator of renal function.

- * Elevated creatinine level in serum is usually associated with various renal disases.



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SAMPLE : BLOOD

DATE : **22/07/2022**
AGE : 26 Yrs.
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URIC ACID	7.0	mg/dl	0-6

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	144	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.1	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5

LIVER PROFILE

SERUM BILIRUBIN			
TOTAL	0.5	mg/dL	0.3-1.2
DIRECT	0.3	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.2	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2	Gm/dL	2.3 - 3.5
A : G Ratio	2.1		0.0-2.0
SGOT	41	IU/L	0-40
SGPT	38	IU/L	0-40
SERUM ALK.PHOSPHATASE	68	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.

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DATE : **22/07/2022**
 AGE : 26 Yrs.
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	135	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	154	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	30.8	mg/dL.	15 - 40
LDL CHOLESTEROL	56.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	2.81	mg/dl	
LDL/HDL CHOLESTEROL RATIO	1.17	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.

HAEMATOLOGY

BLOOD GROUP

Blood Group : A
 Rh : POSITIVE

URINE EXAMINATION



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AGE : 26 Yrs.
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TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

URINE EXAMINATION REPORT

URINE EXAMINATION

PHYSICAL EXAMINATION

Volume	20	ml	
Colour	Light Yellow		
Appearance	NIL		
Odour	NIL		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	6-8	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
Bacteria	NIL		
Other	NIL		
URINE SUGAR PP	101		NIL





ALPHA
DIAGNOSTICS

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



Patient ID 10227951
Name Mrs. MAMTA CHOUDHARY
Sex/Age Female 26 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 22/07/2022 10:41:27
Reported On 22/07/2022 11:36:19

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 - almost empty.

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 RADIOAIGNOSIS

Page No 1 of 1



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



Patient ID 10227952
Name Mrs. MAMTA CHOUDHARY
Sex/Age Female 26 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 22/07/2022 10:44:53
Reported On 22/07/2022 11:25:34


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 ***

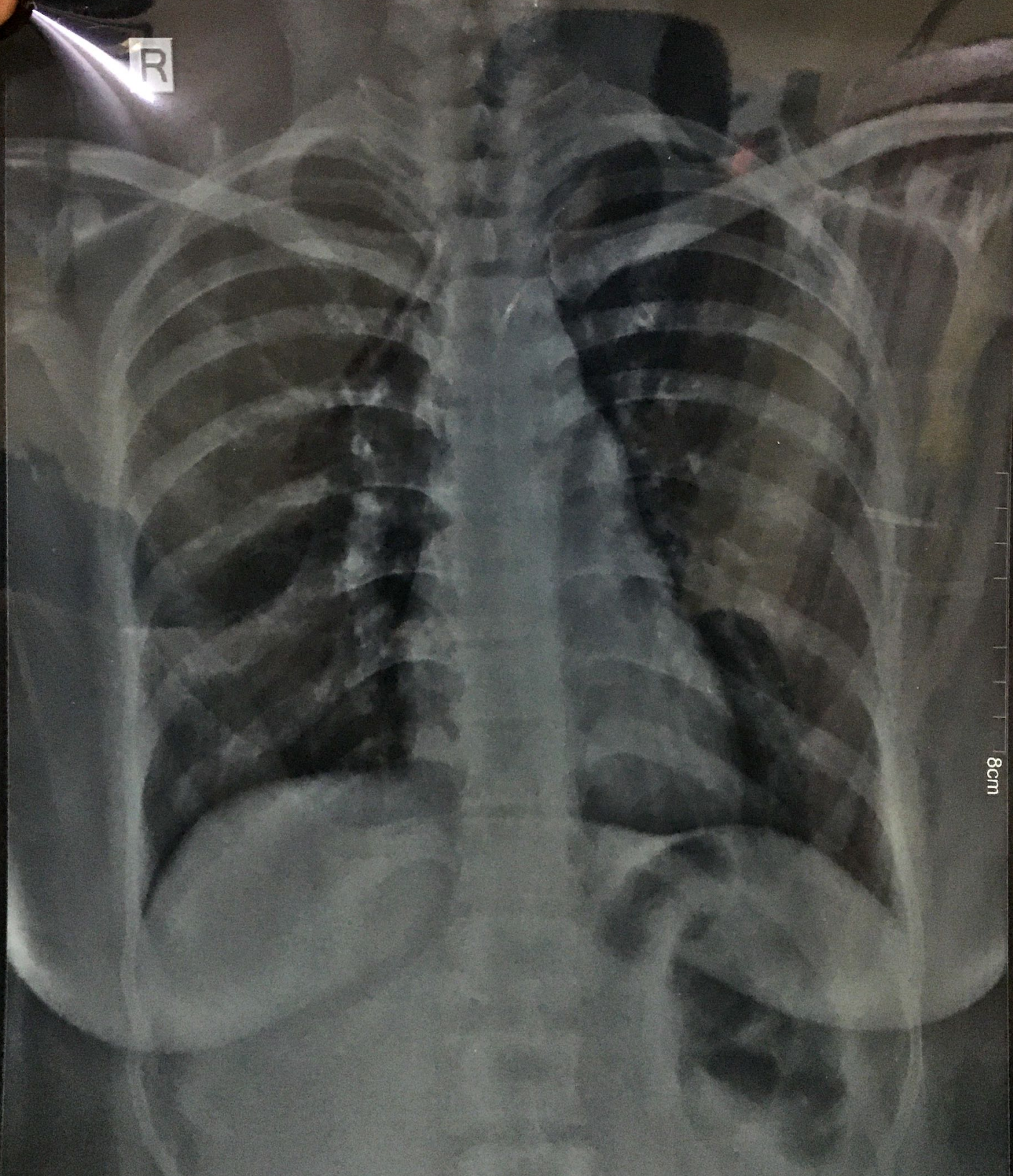



DR KAMAL NAYAN GANGEY
DNB RADIOAIGNOSIS

Page No. 1 of 1



R



8cm

2228

4cm

MAMTA CHOUDHARY 26Y Female CHEST 22-07-2022

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

10mm/mV

I

II

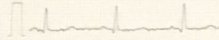
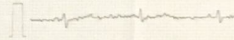
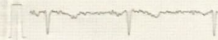
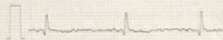
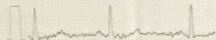
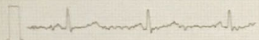
III

aVR

aVL

aVF

V1

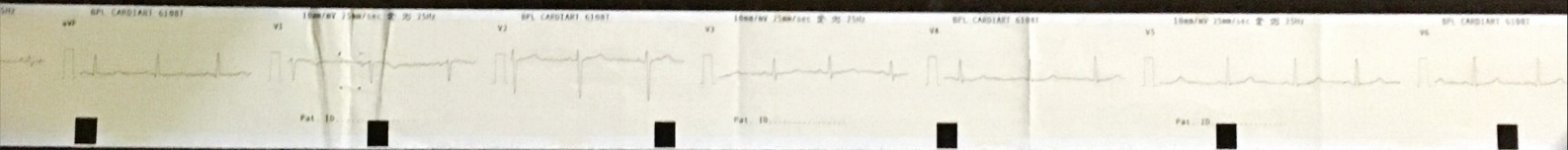


Pat. ID. *Mamta Chaudhary* [redacted] *22/7/2022*

Pat. ID. [redacted]

Pat. ID. [redacted]

Pat. ID. [redacted]



Dr. Nitin Agarwal
DM (CARDIOLOGY)

NO ADMISSION WITHOUT
PERMISSION
बिना आज्ञा प्रवेश वर्जित है ।
BEFORE ENTERING
SWITCHED OFF OR SILENCE
YOUR CELL PHONE
अन्दर जाने से पहले अपना
फोन बंद या साइलेंट करे ।

