



भारत सरकार
Government of India

पंकज कुमार
Pankaj Kumar
रक्त लिंग/DOB: 28/08/1990
पुरुष/ MALE



5607 2807 8525
VID : 9117 3476 1220 7414

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Issue Date: 09/03/2012

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O सुरज पाल सिंह, मकान न. 421 बॉर्ड न.6, खत्रीबाड़ा,
सिकंदरगढ़, बुलंदशहर,
उत्तर प्रदेश - 203205

Address:
C/O Suraj Pal Singh, home no. 421 ward
no.6, khatriwada, Sikandraabad, Bulandshahr,
Uttar Pradesh - 203205



5607 2807 8525
VID : 9117 3476 1220 7414

1947 | help@uidai.gov.in | www.uidai.gov.in

Download Date: 17/10/2022

7906461473

09/11/2024

Pankaj Kumar

ID: 00000

34 Years

Male

09.11.2024 12:02:50 PM

SJM hospital
Sector 63
Gautam Budhha Nagar, UP-201307

QRS : 80 ms
QT / QTcBaz : 350 / 413 ms
PR : 140 ms
P : 108 ms
RR / PP : 718 / 714 ms
P / QRS / T : 51 / 10 / 4 degrees

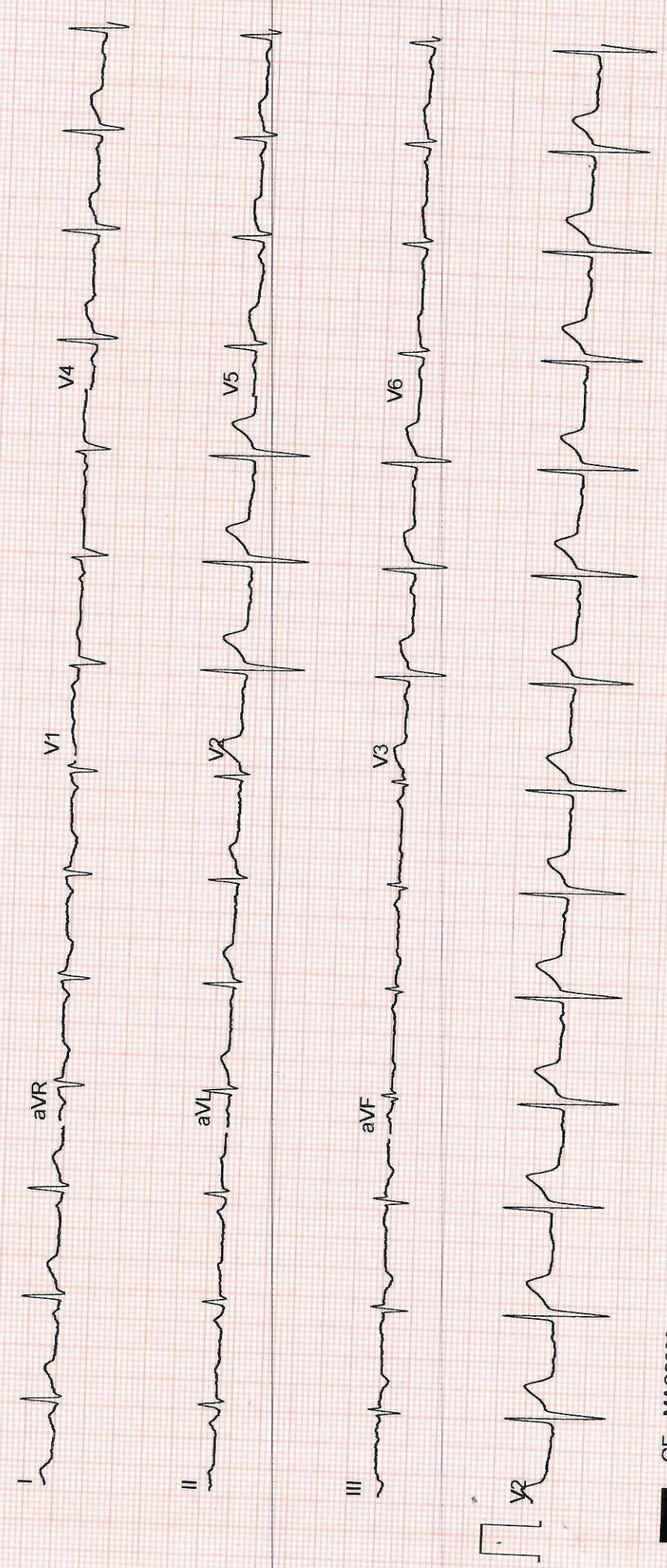
Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG



Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

84 bpm
-- / -- mmHg



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2.5x3_25_R1

Unconfirmed

Laboratory Report

Lab Serial no. : LSHHI307951	Mr. No : 123594
Patient Name : Mr. PANKAJ KUMAR	Reg. Date & Time : 09-Nov-2024 09:16 AM
Age / Sex : 34 Yrs / M	Sample Receive Date : 09-Nov-2024 09:26 AM
Referred by : Dr. SELF	Result Entry Date : 09-Nov-2024 12:34PM
Doctor Name : Dr. AKASH MISHRA	Reporting Time : 09-Nov-2024 12:34 PM
OPD : OPD	

HAEMATOTOLOGY

CBC / COMPLETE BLOOD COUNT

	results	unit	reference
HB (Haemoglobin)	16.50	gm/dL	12.0 - 17.0
TLC	6.27	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	60	%	40 - 70
Lymphocyte	34	%	20 - 40
Eosinophil	02	%	01 - 06
Monocyte	04	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	6.02	Thousand / UI	3.8 - 5.10
P.C.V	47.8	million/UI	00 - 40
M.C.V.	79.3	fL	78 - 100
M.C.H.	27.4	pg	27 - 31
M.C.H.C.	34.5	g/dl	32 - 36
Platelet Count	2.09	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Miss. Deepali Rajput



Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



SJM SUPER SPECIALITY HOSPITAL

Sector-63, Noida, NH-9, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072
E-mail: email@sjmhospital.com
Web: www.sjmhospital.com



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HAEMATOLOGY

results	unit	reference
---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	10	mm/1hr	00 - 22
--------------------------------------	----	--------	---------

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

results	unit	reference
---------	------	-----------

HbA1C / GLYCATED HEMOGLOBIN / GHb

Hb A1C	5.30	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	105.41	mg/dl	

INTERPRETATION-

NON DIABETIC	HbA1C 4-6 %
GOOD DIABETIC CINTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal

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Pathologist & Micrbiologist

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BIOCHEMISTRY

KFT, Serum

	results	unit	reference
Blood Urea	37.8	mg/dL	18 - 55
Serum Creatinine	0.80	mg/dl	0.7 - 1.3
Uric Acid	5.40	mg/dl	3.5 - 7.2
Calcium	10.10	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	137.90	mEq/L	135 - 150
Potassium (K ⁺)	4.23	mEq/L	3.5 - 5.0
Chloride (Cl)	99.6	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	17.66	mg/dL	7 - 18
PHOSPHORUS-Serum	3.98	mg/dl	2.5 - 4.5

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body.
Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.



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BIOCHEMISTRY

LIVER FUNCTION TEST, Serum

	results	unit	reference
Bilirubin- Total	2.34	mg/dL	0.1 - 2.0
Bilirubin- Direct	1.18	mg/dL	0.0 - 0.20
Bilirubin- Indirect	1.16	mg/dL	0.2 - 1.2
SGOT/AST	35.6	IU/L	00 - 35
SGPT/ALT	68.8	IU/L	00 - 45
Alkaline Phosphate	163.0	U/L	53 - 128
Total Protein	7.59	g/dL	6.4 - 8.3
Serum Albumin	4.70	gm%	3.50 - 5.20
Globulin	2.89	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.63	%	

INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.



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BIOCHEMISTRY

LIPID PROFILE, Serum

	results	unit	reference
S. Cholesterol	213.0	mg/dl	< - 200
HDL Cholesterol	38.40	mg/dl	35.3 - 79.5
LDL Cholesterol	144.3	mg/dl	50 - 150
VLDL Cholesterol	30.3	mg/dl	00 - 40
Triglyceride	151.4	mg/dl	00 - 170
Chloestrol/HDL RATIO	5.50	%	3.30 - 4.40

INTERPRETATION:

Lipid profile or lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.



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BIOCHEMISTRY

results unit reference

BLOOD SUGAR (PP), Serum

SUGAR PP **149.8** mg/dl 80 - 140

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F) **100.8** mg/dl 70 - 110

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.



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Laboratory Report

Lab Serial No. :
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Age/Sex : 34 Yrs /M
Referred By : SELF
Doctor Name : Dr. AKASH MISHRA
OPD/IPD : OPD

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ReportingTime : 09-Nov-2024 12:34 PM

TEST NAME

VALUE

ABO

“B”

Rh


POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.



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URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Trace



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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
Glucose: Trace
PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 0-1 /HPF
RBC's: nil
Crystals: nil
Epithelial cells: 0-1 /HPF
Others: nil

Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



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Immuno Diagnostics Pvt. Ltd.

Leading Immuno Assays Laboratory of Northern India

ISO 9001:2015 CERTIFIED LABORATORY

CIN No. U74899DL1979PTC009991



Reference No.	: - 2411017745	Age/Gender	: 34 Yrs/Male
Pt's Name	: Mr. PANKAJ KUMAR		
Referred By	: NA		MJT-SJM
Sample Collection Date/Time	: 10-Nov-2024	Date	:10-Nov-2024
Sample Receiving Date/Time	: 10-Nov-2024 01:36AM	Approved Date	:10-Nov-2024 03:22AM
Sample From	: SJM SUPER SPECIALITY HOSPITAL	Report Print Time	:10-Nov-2024 11:55AM

Test Description	Observed Value	Biological Reference Interval
	T3 T4 TSH, Serum	
Triiodothyronine, Total (T3), Serum Chemiluminescence Immuno Assay	116	60-181 ng/dL
Thyroxine, Total (T4), Serum Chemiluminescence Immuno Assay	5.9	4.5-10.9 ug/dL
3rd Gen. (TSH Ultrasensitive), Serum Chemiluminescence Immuno Assay	1.32	0.35-5.50 uIU/mL

COMMENT :

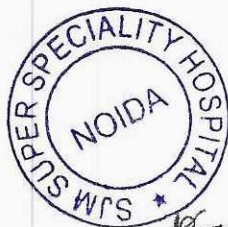
The levels of thyroid hormone (T3 & T4) Are Low In case of Primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also. Increased levels are found in grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

In Pregnancy:

LEVEL	TOTAL T3	TOTAL T4	TSH
Ist Trimester	81-190	6.6-12.4	0.1-2.5
IInd Trimester	100-260	6.6-15.5	0.2-3.0
IIIrd Trimester	100-260	6.6-15.5	0.3-3.0

Laboratory is NABL Accredited

*** End Of Report ***



Dr. Nidhi Vachher
M.B.B.S. M.D.(Pathology)
Hony Consultant Pathologist

Dr. Ajay Kumar
Ph.D (BARC)
Thyroid Physiologist

Dr. Rohini Bhatia
M.B.B.S. M.D.(Pathology)
Hony Consultant Pathologist

Dr. Malti Goyal
M.B.B.S. M.D. (Pathology)
Hony Consultant Pathologist

This test is done by Immuno Diagnostics Pvt Ltd

Page 1 of 1

B-17, Okhla Phase-II, Industrial Area, New Delhi-110020

All results should be co-related clinically; if results are alarming or unexpected, contact the laboratory immediately. Not valid for Medico-Legal. Result pertain to the specimen submitted.

Ultrasound Report

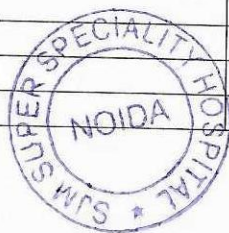
TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Pankaj	Age /sex:34Yrs/M	Date:09/11/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.6		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.8		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.1	2.4	(ED =39 -58)
Interventricular Septum	0.9		(ED = 6 -11)
Posterior Wall thickened	0.9		(ED = 6- 10)
LV Ejection Fraction (%)	60%		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure 1/2 time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



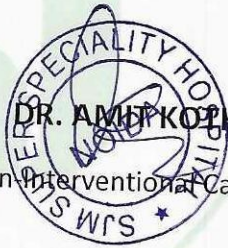
Ultrasound Report

Regurgitation: -

MR =NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

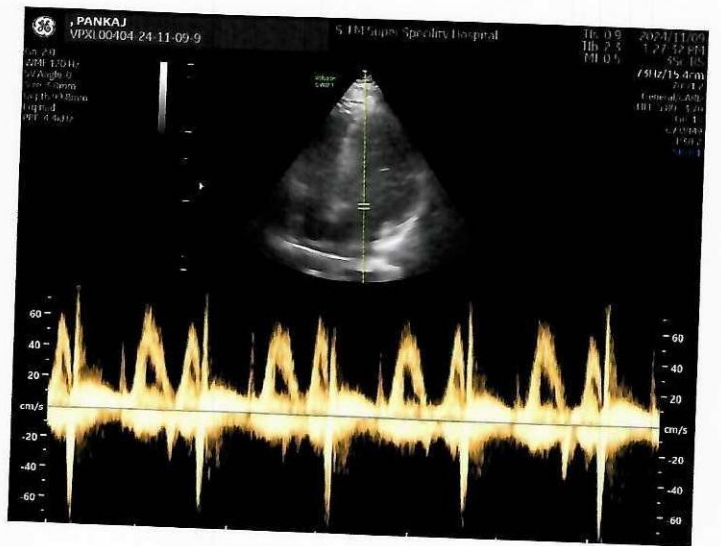
Final Interpretation: -

- 1.) NO LV GLOBAL HYPOKINESIA LVEF 60%
- 2.) No MR/MS, NO AS/AR NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion



DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Ultrasound Report

Name: Mr. Pankaj

Age: 34Y /M

Date: 09/11/2024

Ultrasound - Male Abdomen

Liver: Liver appears fatty infiltration of grade 1. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER: Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS: Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN: Spleen show normal size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEYS: Both the kidneys size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on both sides.

PARAAORTIC REGIONS: Any mass/ lymph nodes: -- no mass or lymph nodes seen.

URINARY BLADDER: Adequately distended. Wall were regular and thin. Contents are Normal. No stone formation seen.

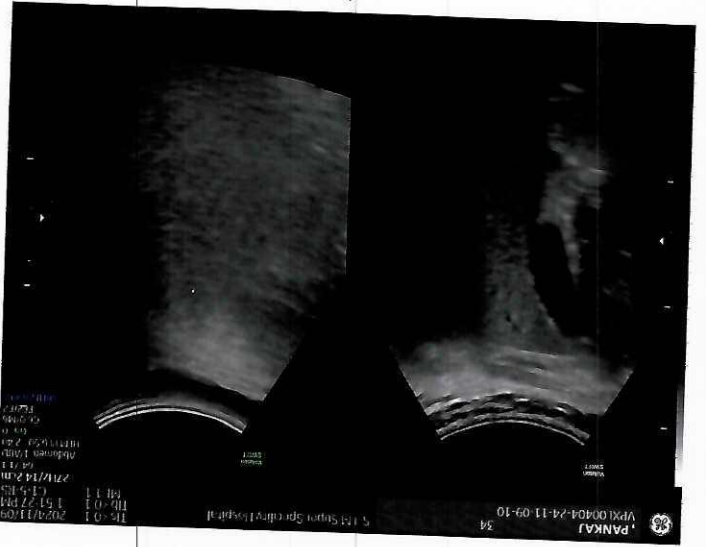
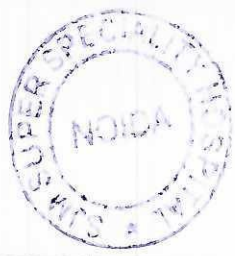
PROSTATE: Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

IMPRESSION:- Fatty liver grade I.



For SJM Super Specialty Hospital

DR. PUSHPA KAUL





Centre for Excellent Patient Care

SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped with Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072



X-Ray Report

PATIENT ID : 31299 OPD

AGE : 034Y

REF. PHY. :

PATIENT NAME : MR PANKAJ KUMAR

SEX : Male

STUDY DATE : 09-Nov-2024

RADIOLOGY REPORT

EXAM: X RAY CHEST

CLINICAL HISTORY: NA

COMPARISON:

None

TECHNIQUE:

Frontal projections of the chest were obtained

FINDINGS:

Mild Prominent bronchovascular markings noted at bilateral lung fields.

Both costophrenic angles appear normal.

The tracheal lucency is centrally placed.

The mediastinal and diaphragmatic outlines appear normal.

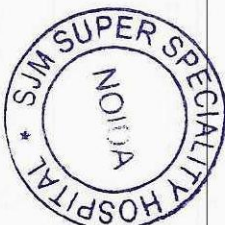
The heart shadow is normal.

The bony thoracic cage and soft tissues are normal.

IMPRESSION:

Mild Prominent bronchovascular markings noted at bilateral lung fields.

Dr Aditya Pravin Viras
Consultant Radiologist
MBBS, MD
Regn No: 2021/07/6884



Dr Aditya Viras
09th Nov 2024

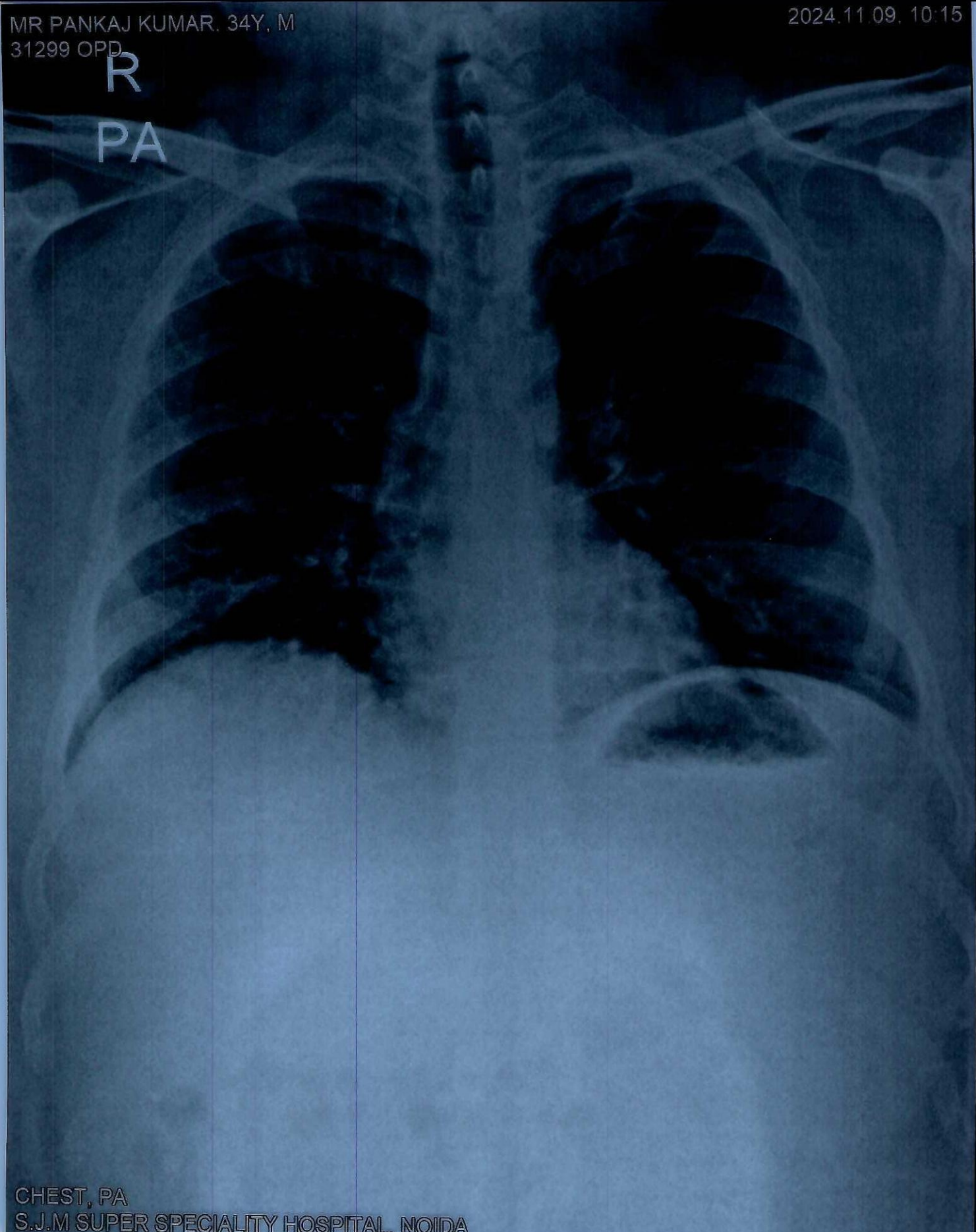
• 24 HOURS LAB. SERVICE

MR PANKAJ KUMAR, 34Y, M
31299 OPD

2024.11.09. 10:15

R

PA



CHEST, PA
S.J.M SUPER SPECIALITY HOSPITAL, NOIDA