

PATIENT NAME	: Mr. AJAY PRAKASH SHARMA	UHID No	: CSSH-250088803
Age / Sex	: 59 Y / Male	Visit No	: OP-2503080564
Consultant Name	: DR. SUMIT KANT JHA	Barcode	: 1250023613
Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 08/03/2025 01:04 PM
Ward / Bed	:	Sample Received	: 08/03/2025 01:57 PM
Report Status	: Final	Signed Off	: 08/03/2025 03:18 PM

Test Name	Result	Units	Biological Ref. Interval
BIOCHEMISTRY			
HBA1C			
GLYCOSYLATED HEMOGLOBIN <i>Method : Hplc Method</i> <i>Sample : Whole Blood</i>	6.3	H	%
MEAN PLASMA GLUCOSE <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	134.1	H	mg/dL

Non-diabetic: < 5.7
Prediabetic range: 5.7 - 6.4
Diabetic range: ≥ 6.5
Goal of Therapy: < 7.0
Action suggested: > 8.0
< 116

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. The converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with a short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

-----End of Report-----

PREPARED BY:
MUKESH SIDDHARTH




DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)



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Report Status	: Final	Signed Off	: 08/03/2025 03:01 PM

Test Name	Result	Units	Biological Ref. Interval
HEMATOLOGY			
ESR - ERYTHROCYTE SEDIMENTATION RATE <i>Method : Modified Westergren</i> <i>Sample : Whole Blood</i>	05	mm/1st hour	1 - 20

-----End of Report-----

PREPARED BY:
TECHMAINPAL



DR. ARCHITA
MD PATHOLOGY

PATIENT NAME	: Mr. AJAY PRAKASH SHARMA	UHID No	: CSSH-250088803
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Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 08/03/2025 01:04 PM
Ward / Bed	:	Sample Received	: 08/03/2025 01:44 PM
Report Status	: Final	Signed Off	: 08/03/2025 03:26 PM

Test Name	Result	Units	Biological Ref. Interval
BIOCHEMISTRY			
GLUCOSE, FASTING			
FASTING GLUCOSE <i>Method : Hexokinase</i> <i>Sample : Plasma</i>	117	H mg/dL	< 100
GLUCOSE, PP			
POST PRANDIAL GLUCOSE (2 HOURS) <i>Method : Hexokinase</i> <i>Sample : Plasma</i>	156	H mg/dL	<140

PREPARED BY:
PORUSH



R Singh
 DR RAVI PRATAP SINGH
 MD (BIOCHEMISTRY)

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Test Name	Result	Units	Biological Ref. Interval
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BIOCHEMISTRY

LFT; LIVER FUNCTION TEST

BILIRUBIN TOTAL <i>Method : Diazonium Salt Sample : Serum</i>	1.7	H	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT <i>Method : Diazo Reaction Sample : Serum</i>	0.5	H	mg/dL	≤ 0.3
BILIRUBIN INDIRECT <i>Method : Calculated Sample : Serum</i>	1.2	H	mg/dL	< 1.0
TOTAL PROTEIN <i>Method : Biuret Sample : Serum</i>	7.3		g/dL	6.4 - 8.3
ALBUMIN <i>Method : Bromocresol Green (BCG) Sample : Serum</i>	4.6		g/dL	3.5 - 5.2
GLOBULIN <i>Method : Calculated Sample : Serum</i>	2.7		g/dL	2 - 3.5
A : G RATIO <i>Method : Calculated Sample : Serum</i>	1.7			1.1 - 2.0
ASPARTATE AMINOTRANSFERASE; AST <i>Method : NADH without Pyridoxal 5 Phosphate (P5P) Sample : Serum</i>	22		U/L	< 35
ALANINE AMINOTRANSFERASE; ALT <i>Method : NADH without Pyridoxal 5 Phosphate (P5P) Sample : Serum</i>	26		U/L	< 56
AST:ALT RATIO <i>Method : Calculated Sample : Serum</i>	0.8	L		1.1 - 2.0
ALKALINE PHOSPHATASE <i>Method : P-Nitro Phenyl Phosphate (PNPP), AMP Buffer Sample : Serum</i>	79		U/L	40 - 150
GAMMA GLUTAMYL TRANSFERASE <i>Method : L-Gamma Glutamyl-3-Carboxy-4-Nitranilide (GCNA) Sample : Serum</i>	48		U/L	12 - 64

PREPARED BY:
MUKESH SIDDHARTH



R Singh
DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)

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Test Name	Result	Units	Biological Ref. Interval
BIOCHEMISTRY			
LIPID PROFILE			
CHOLESTEROL TOTAL <i>Method : Enzymatic method</i> <i>Sample : Serum</i>	174	mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
HDL DIRECT <i>Method : Direct Measure (Polymer, Polyanion)</i> <i>Sample : Serum</i>	63	mg/dL	>40
TRIGLYCERIDE <i>Method : Glycerol Phosphate Oxidase</i> <i>Sample : Serum</i>	138	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High
LDL <i>Method : Calculated</i> <i>Sample : Serum</i>	83.4	mg/dL	< 100 Optimal 100 - 129 Above Optimal 130 - 159 Borderline High 160 - 189 High ≥ 190 Very High
VLDL <i>Method : Calculated</i> <i>Sample : Serum</i>	27.6	mg/dL	<30
NON HDL CHOLESTEROL <i>Method : Calculated</i> <i>Sample : Serum</i>	111.0	mg/dL	< 130 Desirable 130 - 159 Above desirable 160 - 189 Borderline High 190 - 219 High ≥ 220 Very High
CHOL/HDL RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	2.8		3.3 - 4.4 Low risk 4.5 - 7.0 Average risk 7.1 - 11.0 Moderate risk > 11.0 High risk
LDL/HDL RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	1.3		0.5 - 3.0 Low risk 3.1 - 6.0 Moderate risk > 6.0 High risk
UREA			
BLOOD UREA NITROGEN (BUN) <i>Method : Urease</i> <i>Sample : Serum</i>	11	mg/dL	8.4 - 25.7
UREA <i>Method : Calculated</i> <i>Sample : Serum</i>	23.5	mg/dL	18.0 - 55.0

-----End of Report-----

PREPARED BY:
MUKESH SIDDHARTH




DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)



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Ward / Bed	:	Sample Received	: 08/03/2025 03:01 PM
Report Status	: Final	Signed Off	: 08/03/2025 04:06 PM

Test Name	Result	Units	Biological Ref. Interval
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CLINICAL PATHOLOGY

URINE ROUTINE AND MICROSCOPY

QUANTITY <i>Method : Direct Sample : Urine</i>	20	mL	
COLOUR <i>Method : Direct Sample : Urine</i>	Yellow	.	Straw
APPEARANCE <i>Method : Direct Sample : Urine</i>	Clear	.	Clear
pH. <i>Method : Double Indicator System Sample : Urine</i>	5.5	.	4.6 - 7.5
SPECIFIC GRAVITY <i>Method : Pka Change Of Polyelectrolytes Sample : Urine</i>	1.025	.	1.003 - 1.035
PROTEIN. <i>Method : Protien Error Of Ph Indicator Sample : Urine</i>	Negative	.	Not Detected
GLUCOSE. <i>Method : Enzymatic Reaction Between Glucose Oxidase, Peroxidase And Chromogen Sample : Urine</i>	Negative	.	Not Detected
KETONE <i>Method : Reaction With Nitroprusside And Acetoacetic Acid Sample : Urine</i>	Negative	.	Not Detected
BLOOD <i>Method : Peroxidas Activity Of Hemoglobin Catalyzes The Reaction Sample : Urine</i>	Negative	-	Not Detected
Bilirubin <i>Method : Coupling Reaction of Bilirubin with Diazonium Salts Sample : Urine</i>	Negative	.	Not Detected
URINE UROBILINOGEN <i>Method : Multistix Strip Sample : Urine</i>	0.1	mL	
PUS CELLS <i>Method : Microscopy Sample : Urine</i>	0-1	/HPF	0 - 5
RBCs <i>Method : Microscopy Sample : Urine</i>	Negative	/HPF	0 - 1
EPITHELIAL CELLS <i>Method : Microscopy Sample : Urine</i>	0-1	/HPF	1 - 5
CASTS <i>Method : Microscopy Sample : Urine</i>	Negative	-	Not Detected
CRYSTALS <i>Method : Microscopy Sample : Urine</i>	Negative	-	Not Detected

-----End of Report-----

PREPARED BY:
ANITA



Purbita
DR. PURBITA CHATTERJEE
MD, PATHOLOGY

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Ward / Bed :	Sample Received : 08/03/2025 01:57 PM
Report Status : Final	Signed Off : 08/03/2025 03:38 PM

Test Name	Result	Units	Biological Ref. Interval
HEMATOLOGY			
CBC (COMPLETE BLOOD COUNT)			
RBC COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	4.77	x10 ³ /mm ³	4.5-5.5
HEMOGLOBIN <i>Method : Photometry</i> <i>Sample : Whole Blood</i>	15.3	gm/dL	13-17
HEMATOCRIT <i>Method : Average Of Rbc Pulse Height</i> <i>Sample : Whole Blood</i>	43.4	%	40 - 50
MCV <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	91	fl	83 - 101
MCH <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	32.1	H pg	27 - 32
MCHC <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	35.2	H gm/dL	31.5 - 34.5
RDW-CV <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	14.0	%	11.6 - 14
PLATELET COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	150	x10 ³ /mm ³	150 - 410
WBC COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	6.1	x10 ³ /mm ³	4 - 10
NEUTROPHIL <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	57	%	40 - 80
LYMPHOCYTE <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	38	%	20 - 40
MONOCYTE <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	04	%	2 - 10
EOSINOPHIL <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	01	%	1 - 6
BASOPHIL <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	0.0	%	<1 - 2

-----End of Report-----

PREPARED BY:
TECHAKSHAY




DR. ARCHITA
MD PATHOLOGY

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Age / Sex	: 59 Y / Male	Visit No	: OP-2503080564
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Test Name	Result	Units	Biological Ref. Interval
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IMMUNOCHEMISTRY

PSA TOTAL

PROSTATE SPECIFIC ANTIGEN TOTAL

Method : Chemiluminescence Microparticle Immunoassay
 Sample : Serum

0.623

ng/mL

< 4.0

Note:

- 1.This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
- 2.False-negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
- 3.Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of the prostate is not recommended as they falsely elevate levels

Recommended Testing Intervals

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Monthly follow-up if levels are high or show a rising trend

Clinical Use

- An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and those with two or more affected first degree relatives.
- Follow-up and management of Prostate cancer patients
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer Increased Levels
- Prostate cancer
- Benign Prostatic Hyperplasia

THYROID PROFILE, TOTAL

T3 TOTAL (TRIIODOTHYRONINE)

Method : Chemiluminescence Microparticle Immunoassay
 Sample : Serum

1.64

nmol/L

0.54 - 2.96

T4 TOTAL (THYROXINE)

Method : Chemiluminescence Microparticle Immunoassay
 Sample : Serum

110.57

nmol/L

62.7 - 150.9

TSH (THYROID STIMULATING HORMONE)

Method : Chemiluminescence Microparticle Immunoassay
 Sample : Serum

0.978

µIU/mL

0.35 - 4.94

PREPARED BY:
 MUKESH SIDHARTH




DR RAVI PRATAP SINGH
 MD (BIOCHEMISTRY)

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IMMUNOCHEMISTRY

Note: TSH levels are subject to circadian variation, reaching peak levels between 2 - 4. a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% .hence time of the day influences the measured serum TSH concentrations.

Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range


Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism Thyroid hormone resistance

Decreased Levels: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

-----End of Report-----

PREPARED BY:
MUKESHSIDDHARTH




DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)

88803

AJAY PRAKASH SHARMA

3/8/2025 12:30:09 PM

Born 6/1/1965 59 Years

Male

Rate 73 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V2

PR 137

QRSD 87

QT 393

QTc 433

--AXIS--

P 58

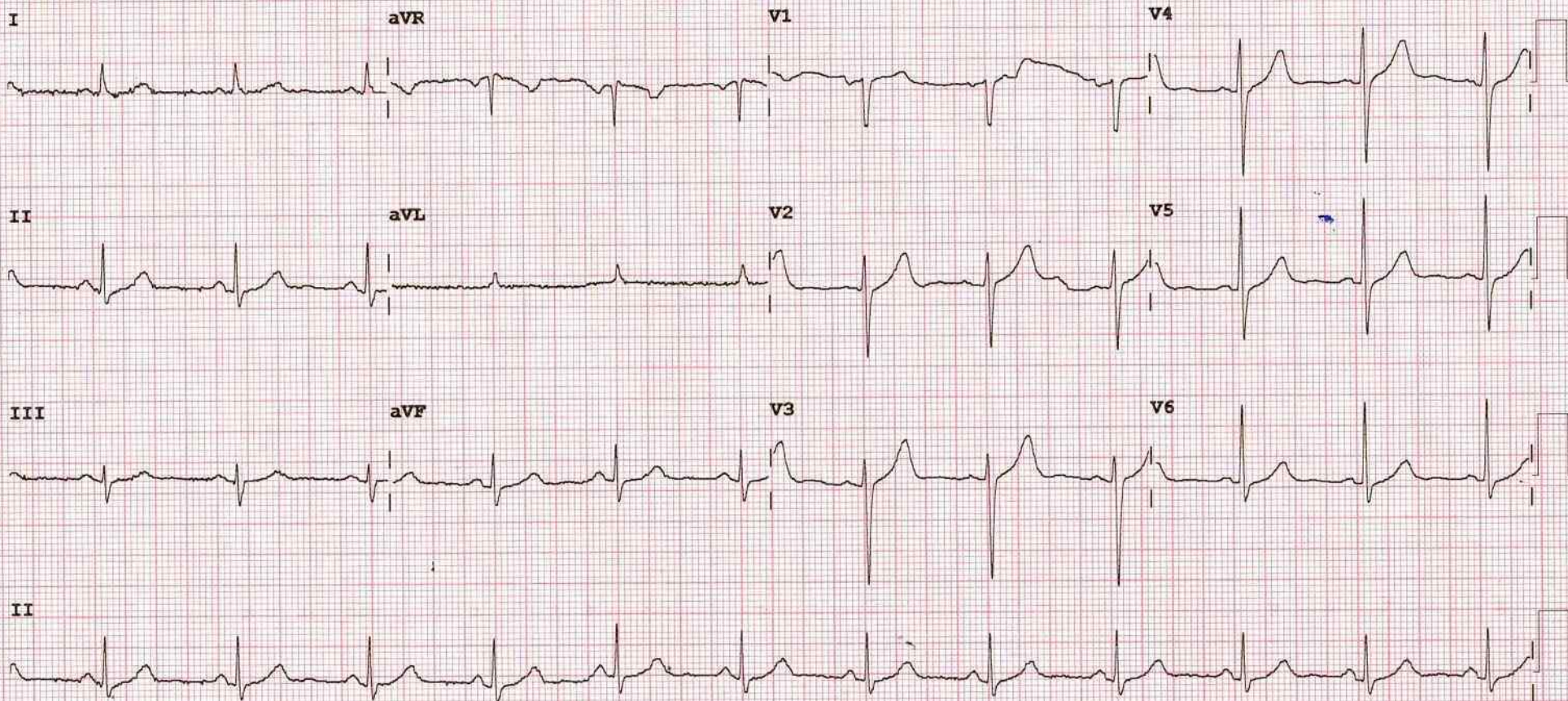
QRS 4

T 54

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL?

P?



ECHOCARADIOGRAPHY/DOPPLER/2D STUDY/M-MOD STUDY
POST GRADUATE DEPARTMENT OF MEDICINE

CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL / SUBHARTI MEDICAL COLLEGE
SWAMI VIVEKANAND SUBHARTI UNIVERSITY

Subhartipuram, NH-58, Delhi-Haridwar Meerut Bypass Road, Meerut-250 005, Ph. 0121-2439112/150, 3058035/36, Ext. 2047

NAME : MR. AJAY PRAKASH SHARMA AGE/SEX :59 Y/M DATE: 08-03-2025

REFERRED BY: OPD

OPD NO: 250088803

ECHOCARDIOGRAPHY REPORT (GE VIVID T8)

DIMENSIONS (2D/M MODE)

LV (ED) : 43MM

AO :28MM

IAS : INTACT

LV (ES) : 26MM

LA : 32MM

IVS : NORMAL

IVS (ED) : 12MM

PA : NORMAL

PERICARDIUM : NORMAL

PW (ED) : 11MM

RA/ RV: NORMAL

LVEF :55-60%

VALVE

MV : NORMAL

AOV : NORMAL

TV : NORMAL

PV : NORMAL

RWMA

NO RWMA

RV FUNCTION : NORMAL

DOPPLAR STUDY (PEAK VELOCITY)

MV: E < A

PV: 1.1 M/S

AO: 1.3 M/S

COLOR FLOW STUDY

NO/ PR/TR/TRIVIAL AR/TRIVIAL MR

NO ASD/VSD/VEG/CLOT

IMPRESSION

- MILD LV HYPERTROPHY, GRADE-LVDD
- TRIVIAL AR, TRIVIAL MR
- NORMAL LV SYSTOLIC FUNCTION (LVEF-55-60%)

DONE BY: DR.DEEPAK (MD,DNB,DM)

ASST.PROFESSOR (DEPT OF MEDICINE)

कृपया इस ईको (ईकोकार्डियोग्राफी) डोप्लर की रिपोर्ट/ फोटो को संग्रह कर रखें



Patient Name	: AJAY PRAKASH SHARMA	Age/Gender	: 59/Y/Male
UHID No	: CSSH-250088803	Visit ID	: OP-2503080564
Doctor	: DR. SUMIT KANT JHA	Department	: GENERAL MEDICINE
Acknowledge Date	: 08-Mar-2025 10:46:56 AM	Report Date	: 08-Mar-2025 11:48:26 AM
Address	: MOH-KHATRIYAN B-13,	Ref. Doc No.	: OPDB/125071/24

Part Examined: Abdominal Sonography: Whole Abdomen: with film

LIVER: is normal in shape, size and echogenicity. No focal lesion / IHBRD seen.

GALL BLADDER: is well distended with anechoic lumen. Wall is normal in thickness. No obvious mass/calculus seen. No pericholecystic fluid seen.

COMMON BILE DUCT: is normal in caliber.

PORTAL VEIN: is normal in caliber.

PANCREAS: is normal in shape, size and echogenicity with no peripancreatic collection or parenchymal calcification seen. Pancreatic duct is not dilated.

SPLEEN: is normal in shape, size and echogenicity. No focal lesion seen. Splenic vein is normal in caliber.

RIGHT KIDNEY: is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No mass / calculus or hydronephrosis is seen.

LEFT KIDNEY: is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No mass / calculus or hydronephrosis is seen.

LYMPH NODES: No significant lymphadenopathy seen.

URINARY BLADDER: is distended with anechoic lumen. Wall is of normal thickness. No obvious mass lesion / calculus seen.

PROSTATE: is normal in shape, size and echogenicity with no focal lesion noted.

No evidence of free fluid in pelvis.

Impression: Normal study.

Advice: Clinical Correlation.

Prepared By :-Deveshpal

DR. SACHIN AGRAWAL
PROFESSOR, RADIOLOGIST
UPMC-11912



POST GRADUATE DEPARTMENT OF RADIO-DIAGNOSTIC

Canon 20250308.111645.ID:20250308.111645.Name AJ
 SUBHARTI MEDICAL COLLEGE ABDOMEN 1

08/03/2025
 11:17:50 AM

Canon 20250308.111645.ID:20250308.111645.Name AJ
 SUBHARTI MEDICAL COLLEGE ABDOMEN 1

08/03/2025
 11:18:37 AM



Dist A 130.2 mm

276

503

Canon 20250308.111645.ID:20250308.111645.Name AJ
 SUBHARTI MEDICAL COLLEGE ABDOMEN 1

08/03/2025
 11:19:08 AM

Canon 20250308.111645.ID:20250308.111645.Name AJ
 SUBHARTI MEDICAL COLLEGE ABDOMEN 1

08/03/2025
 11:20:28 AM



314

108

Volume A 28.2 cm3 Dist1 A 39.8 mm Dist2 A 40.9 mm Dist3 A 33.1 mm

SUBHARTI MEDICAL COLLEGE, MEERUT



Patient Name	AJAY PRAKASH SHARMA 59Y/M	Date of Birth	
Patient ID	250088803	Age	
Referral Dr		Sex	M
Study Date&Time	08/03/2025 11:25 AM	Report Date & Time	3/10/2025, 10:12:43 AM

Part Examined: Skiagram of Chest PA View.

REPORT

(Reported on console)

- Bony cage and soft tissue appear normal.
- The tracheal translucency is central in position.
- Aortic out-line is within the limits of normal.
- **Left hilar shadow is prominent .**
- The transverse diameter of the heart is within normal limits.
- Both costo-phrenic angles are clear.
- Domes of diaphragm are normal in position and contour.

Advice: Clinical Correlation.



Digital
Signature

Professor & H.O.D.



CHHATRAPATI SHIVAJI

SUBHARTI HOSPITAL



Subharti Medical College
Subhartipuram, NH-58, Delhi-Haridwar Bypass Road, Meerut



9520897844 | 9520897845