

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

KAUSHLENDRA KUMAR
RAJ KUMAR SHARMA

15/01/1972
Permanent Account Number

AKTPK1639E

Kausht
Signature



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No.: 1408/20061/02703

To
काशलेन्द्र कुमार
Kaushlendra Kumar
S/O: Raj Kumar Sharma
AT Rampur
Near Ramrattan Hospital, Musalla Pur Hart Bazar Samili
Road
Sampalchak
Mahendru
Sampalchak Patna
Bihar 800006
8527834115

07/08/2015
279953952



MP799539526FT



आपका आधार क्रमांक / Your Aadhaar No. :

7250 9051 7224

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India



काशलेन्द्र कुमार
Kaushlendra Kumar
जन्म तिथि / DOB : 15/01/1972
पुरुष / Male



7250 9051 7224

आधार - आम आदमी का अधिकार

69/44/28/12/2023
8527834115



SJM SUPER SPECIALITY HOSPITAL, & IVF CENTRE



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

28-10-23

(IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)
M.B.B.S, MD(Obst. & Gynae)
Dr. Neha Zutshi (Embryologist)

OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)
M.B.B.S, MD(Obst. & Gynae)
Dr. Smritee Virmani (Endoscopy)
MBBS, DGO, DNB, ICOG (Obst. & Gynae)
Dr. Vinod Bhat
M.B.B.S, MD (General Medicine)
Dr. Vineet Gupta, MS (ENT)
Dr. Naveen Gupta, MS (EYE)
Dr. Ashutosh Singh, MS (Urology)
Dr. Rahul Kaul (Spine Surgeon)
MBBS, MS. (Orthopaedic)
Dr Raj Ganjoo MD (Psychiatric)
Dr. Akash Mishra (Neuro Surgeon)
Dr. Sanjay Sharma (Cardiologist)
Dr. S.K. Pandita, MS (Surgeon)
Dr. B.P. Gupta, MS (Surgeon)
Dr. Jaisika Rajpal
(MDS), (Periodontist & Implantologist)
Dr. Akash Arora
(MDS), Maxillofacial Surgeon
Dr. Deepa Maheshwari
M.B.B.S., MD, FRM, (IVF Specialist)
Dr. Vivek Kumar Gupta
MBBS, MS (General Surgeon)
M.Ch. (Plastic Surgery)
Dr. Anand Kumar
MBBS, MD (Paediatrics)
Dr. Amit kumar Kothari
MBBS, MD (Medicine)
Dr. Amit Aggarwal
M.B.B.S., M.S. Ortho.

Facilities:

100 Beds. Private & Public wards
Inpatient & Outpatient - (OPD)Facilities
24-Hour ambulance and emergency
3 Operation theatres
Laposcopic & Conventional Surgery
In vitro fertilization centre (IVF)
Intensive Care Unit. (ICU)
Neonatal ICUs (NICU)
Dental Clinic
Computerized pathology lab
Digital X-ray and ultrasound
Physiotherapy facilities
24-Hour Pharmacy
Cafeteria & Kitchen

Mr. Kaushalander Kumar

C/O Union Bangle of India

- Clinical exam reveals - normal
- Has ⊕ OA Knee
- Others - Rest ok.

SJM SUPER SPECIALITY HOSPITAL...
Dr. Vinod Kumar Bhat
MBBS, M.D (Medicine)
Sr. Consultant Physician
Reg No. 30989 (DMC)

CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panel: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATAAIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

SJM SUPER SPECIALITY HOSPITAL

CHHIJARSI NOIDA,

Patient: MR KAUHLENDRA KUMAR
 Refd. By:
 Recd. Eqns: RECORDERS
 Date: 28-Oct-2023 12:56 PM

Age : 51 Yrs
 Height : 172 Cms
 Weight : 64 Kgs
 ID : 158
 Gender : Male
 Smoker : No
 Eth. Corr: 100
 Temp : 30°C

F(Litres/Sec)

FEV1 %Pred COPD SEVERITY

FVC%Pred Interpretation

150
 125 OBS NORM
 100
 75 MODERATE
 50 SEVERE
 25 VERY SEVERE RES
 0
 25 50 75 100 125 150

150
 125 OBS NORM
 100
 75
 50
 25 MIXED RES
 0
 25 50 75 100 125 150

PEFR

FEF25%

FEF50%

FEF75%

(FEV1/FVC)%Pred

(FEV1/FVC)%Pred

FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	03.40	03.86	114	-----	---	---
FEV1 (L)	02.68	03.18	119	-----	---	---
FEV1/FVC (%)	78.82	82.38	105	-----	---	---
FEF25-75 (L/s)	03.48	03.53	101	-----	---	---
PEFR (L/s)	08.61	05.90	069	-----	---	---
FIVC (L)	-----	03.55	---	-----	---	---
FEV.5 (L)	-----	02.48	---	-----	---	---
FEV3 (L)	03.29	03.86	117	-----	---	---
PIFR (L/s)	-----	02.07	---	-----	---	---
FEF75-85 (L/s)	-----	00.92	---	-----	---	---
FEF 2-1.2 (L/s)	06.24	05.02	080	-----	---	---
FEF 25% (L/s)	07.73	05.62	073	-----	---	---
FEF 50% (L/s)	05.34	04.97	093	-----	---	---
FEF 75% (L/s)	02.30	01.21	053	-----	---	---
FEV.5/FVC (%)	-----	64.25	---	-----	---	---
FEV3/FVC (%)	96.76	100.00	103	-----	---	---
FET (Sec)	-----	02.82	---	-----	---	---
ExplTime (Sec)	-----	00.13	---	-----	---	---
Lung Age (Yrs)	051	041	080	-----	---	---
FEV6 (L)	03.40	-----	---	-----	---	---
FIF25% (L/s)	-----	01.58	---	-----	---	---
FIF50% (L/s)	-----	01.14	---	-----	---	---
FIF75% (L/s)	-----	01.79	---	-----	---	---

Test within normal limits

V(Litres)

PRE
POST

FEV3

FEV6 FVC

FEV1

T(Seconds)

Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80



Vinod Bhatt
 General Medicine

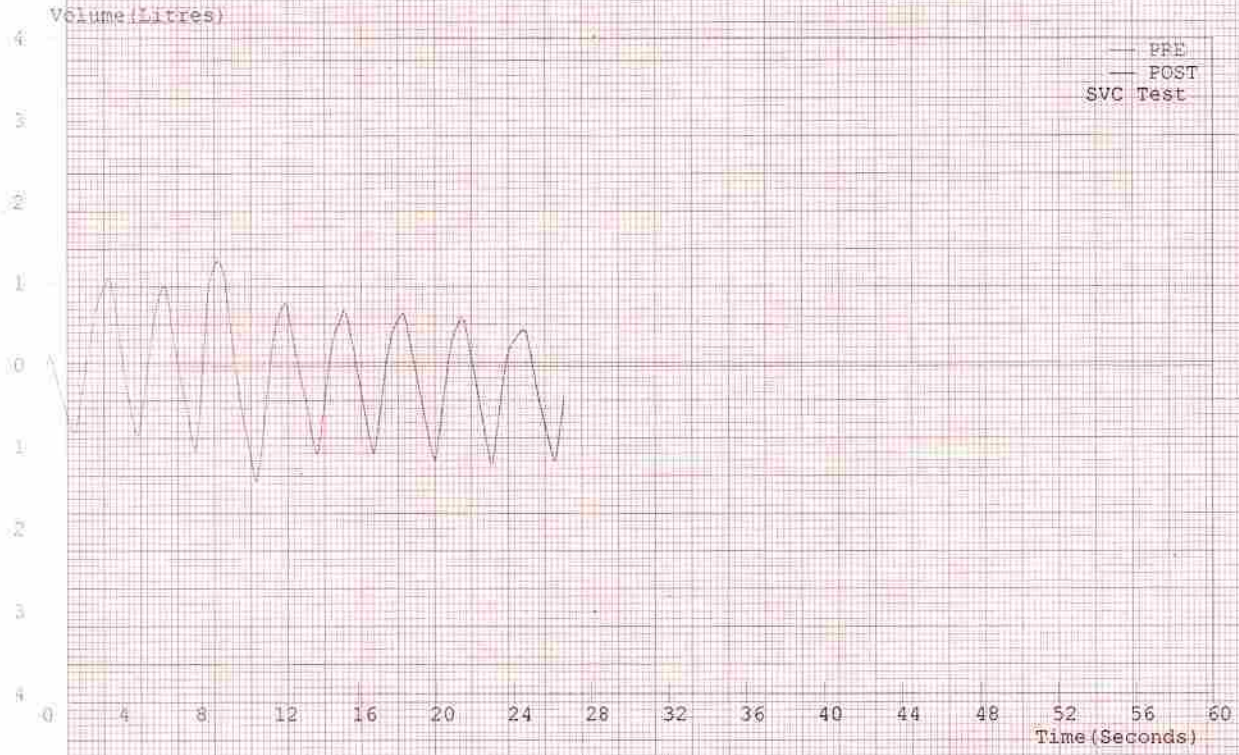
SJM SUPER SPECIALITY HOSPITAL

CHHIJARSI NOIDA,

Patient: MR KAULENDRA KUMAR
 Refd. By:
 Recd. Eqs: RECORDERS
 Date: 28-Oct-2023 01:03 PM

Age : 51 Yrs
 Height : 172 Cms
 Weight : 64 Kgs
 ID : 158

Gender : Male
 Smoker : No
 Eth. Corr: 100
 Temp : 30°C



SVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
SVC (L)	00.00	02.70	---	-----	---	---
ERV (L)	01.25	00.37	030	-----	---	---
IRV (L)	-----	00.30	---	-----	---	---
VE (L/min)	-----	40.60	---	-----	---	---
Rf (l/min)	-----	20.00	---	-----	---	---
Ti (sec)	-----	01.40	---	-----	---	---
Te (sec)	-----	01.60	---	-----	---	---
VT (L)	-----	02.03	---	-----	---	---
VT/Ti	-----	01.45	---	-----	---	---
Ti/Ttot	-----	00.47	---	-----	---	---
IC (L)	-----	02.33	---	-----	---	---



Dr. Vinod Bhatt
 General Medicine

SJM SUPER SPECIALITY HOSPITAL

CHHIJARSI NOIDA,

Patient: MR KAULENDRA KUMAR

Age : 51 Yrs

Gender : Male

Ref. By:

Height : 172 Cms

Smoker : No

Ref. Eqs: RECORDERS

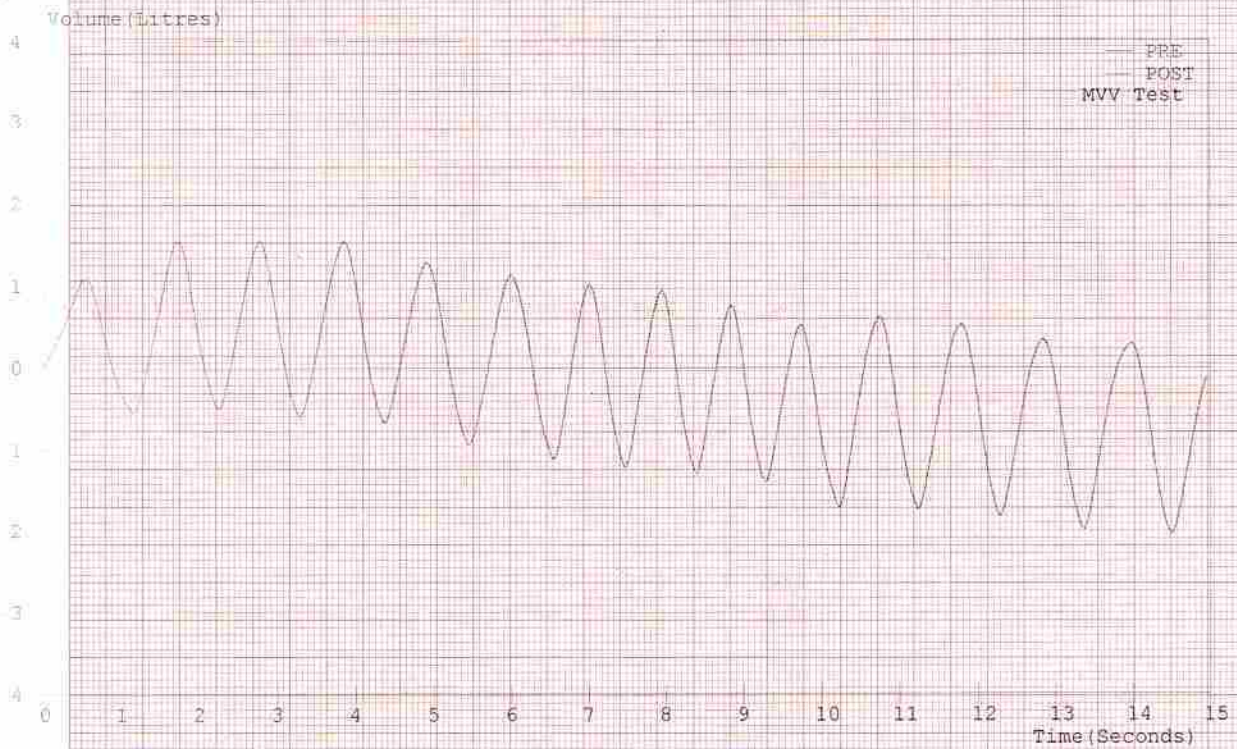
Weight : 64 Kgs

Eth. Corr: 100

Date : 28-Oct-2023 01:05 PM

ID : 158

Temp : 30°C



MVV Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
MVV (L/min)	126	123	98	---	---	---
MRf (l/min)	---	58.10	---	---	---	---
MVT (L)	---	02.12	---	---	---	---



Dr. Vinod Bhatt
General Medicine



Visit ID	: IQD55380	Registration	: 28/Oct/2023 05:50PM
UHID/MR No	: IQD.0000053699	Collected	: 28/Oct/2023 05:52PM
Patient Name	: Mr.KAUSHLENDRA KUMAR	Received	: 28/Oct/2023 05:57PM
Age/Gender	: 52 Y 0 M 0 D /M	Reported	: 28/Oct/2023 06:34PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
		Barcode No	: 231008381



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 OH)				
Sample Type : SERUM				
VITAMIN D	36.08	ng/ml	30-100	CLIA

INTERPRETATION:

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-100 ng/ml
Toxicity	> 100 ng/ml

DECREASED LEVELS:

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

INCREASED LEVELS:

- Vitamin D intoxication.

COMMENTS:

- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.

PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.88	ng/mL	0-4	CLIA

INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertention (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.




Dr. Ankita Singhal
MBBS, MD(Microbiology)

Dr. Anil Rathore
MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)



Visit ID	: IQD55380	Registration	: 28/Oct/2023 05:50PM
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Age/Gender	: 52 Y 0 M 0 D /M	Reported	: 28/Oct/2023 06:34PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
		Barcode No	: 231008381



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
Sample Type : SERUM				
VITAMIN B12	189	pg/mL	187-883 pg/mL	CLIA

COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.

Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

LIMITATIONS:

For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

*** End Of Report ***



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