



भारत सरकार
GOVERNMENT OF INDIA

नाम / Name
Vikas Khanna



जन्म तिथि / DOB: 11/07/1972
पहल / GENDER: MALE



6298 5419 3382

मेरा आधार, मेरी पहचान

(Handwritten signature)



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उत्तर प्रदेश - 226007
भारतीय पहचान प्राधिकरण
भारतीय पहचान प्राधिकरण

Vikash
ID: 12345
Visit: dr
51 Years

24.02.2024 10:33:50 AM
SJM Hospital
Sector 63
Gautam Budhia Nagar, UP-201307

Male

QRS : 82 ms
QT / QTcBaz : 388 / 388 ms
PR : 152 ms
P : 108 ms
RR / PP : 1000 / 1000 ms
P / QRS / T : 13 / 59 / 60 degrees

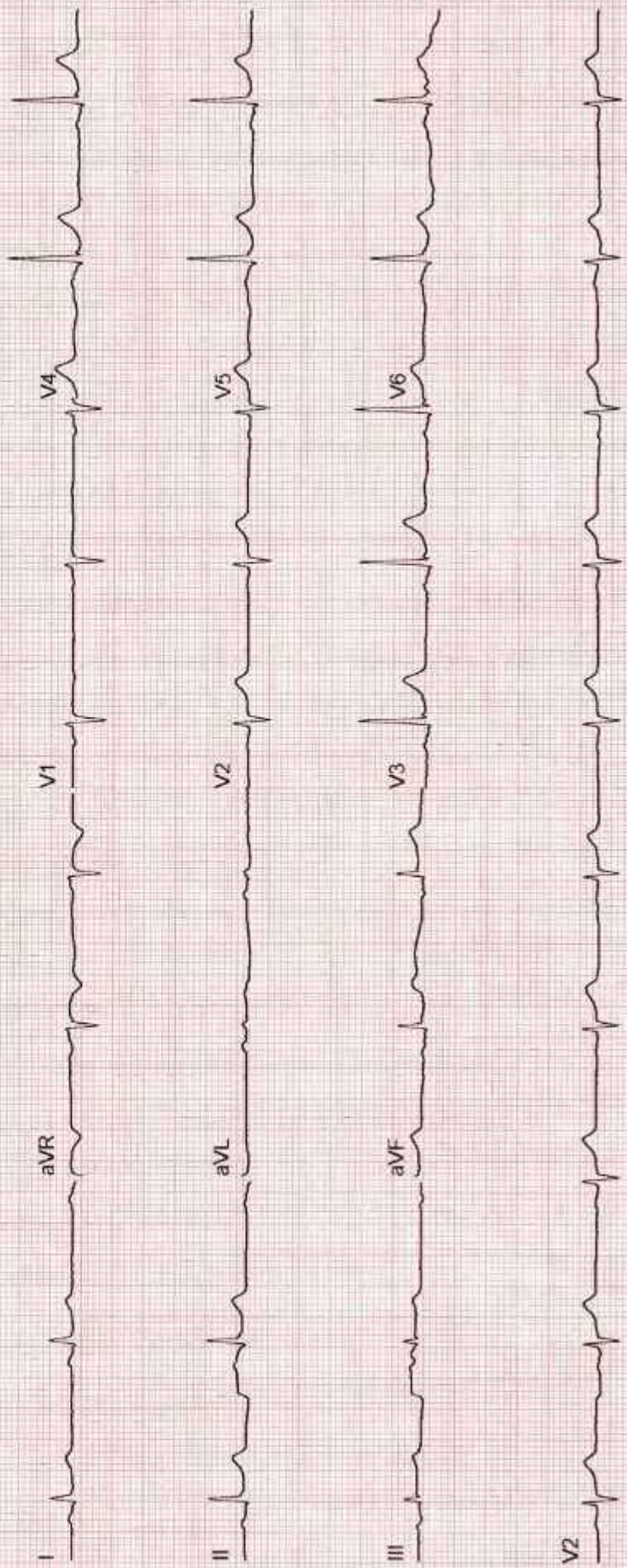
Normal sinus rhythm
Normal ECG

SJM SUPER SPECIALITY HOSPITAL
Dr. Vikash Kumar
M.B.B.S., M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMC)

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

60 bpm
— / — mmHg



Laboratory Report

Lab Serial no. : LSHHI275446	Mr. No : 112200
Patient Name : Mr. VIKAS KHANNA	Reg. Date & Time : 24-Feb-2024 04:21 AM
Age / Sex : 52 Yrs / M	Sample Receive Date : 24-Feb-2024 04:25 PM
Referred by : Dr. SELF	Result Entry Date : 25-Feb-2024 11:38AM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 24-Feb-2024 07:14 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	13.2	gm/dL	12.0 - 17.0
TLC	6.8	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	55	%	40 - 70
Lymphocyte	37	%	20 - 40
Eosinophil	06	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.85	Thousand / UI	3.8 - 5.10
P.C.V	40.1	million/UI	00 - 40
M.C.V.	82.7	fL	78 - 100
M.C.H.	27.2	pg	27 - 31
M.C.H.C.	32.9	g/dl	32 - 36
Platelet Count	1.43	Lacs/cumm	1.5 - 4.5
ESR (Erythrocyte Sedimentation Rate)	16	mm/1hr	00 - 22

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 : Mr. BIRJESH



SJM SUPER SPECIALITY HOSPITAL

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BIOCHEMISTRY

	results	unit	reference
KFT.Serum			
Blood Urea	21.8	mg/dL	18 - 55
Serum Creatinine	0.95	mg/dl	0.7 - 1.3
Uric Acid	8.4	mg/dl	3.5 - 7.2
Calcium	9.6	mg/dL	8.8 - 10.2
Sodium (Na+)	137.7	mEq/L	135 - 150
Potassium (K+)	4.27	mEq/L	3.5 - 5.0
Chloride (Cl)	106.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	10.19	mg/dL	7 - 18
PHOSPHORUS-Serum	2.82	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.

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH

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

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

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.87	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.33	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.54	mg/dL	0.2 - 1.2
SGOT/AST	16.7	IU/L	00 - 35
SGPT/ALT	33.9	IU/L	00 - 45
Alkaline Phosphate	126.0	U/L	53 - 128
Total Protein	8.27	g/dL	6.4 - 8.3
Serum Albumin	4.56	gm%	3.50 - 5.20
Globulin	3.71	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.23	%	

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

	results	unit	reference
<u>HbA1C / GLYCATED HEMOGLOBIN / GHb</u>			
Hb A1C	6.7	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	145.59	mg/dl	

INTERPRETATION-

	HbA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CONTROL	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

BLOOD SUGAR F. Sodium Fluoride Pla

Blood Sugar (F)	111.4	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.

technician :

Typed By : Mr. BIRJESH




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

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	179.0	mg/dl	< - 200
HDL Cholesterol	30.1	mg/dl	35.3 - 79.5
LDL Cholesterol	108.4	mg/dl	50 - 150
VLDL Cholesterol	40.5	mg/dl	00 - 40
Triglyceride	202.6	mg/dl	00 - 170
Chloestrol/HDL RATIO	5.9	%	3.30 - 4.40

INTERPRETATION:

Lipid profile OF 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.

BLOOD SUGAR (PP), Serum

SUGAR PP	230.4	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

technician

Typed By : M





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Doctor Name : Dr. AMIT KOTHARI Reporting Time : 24-Feb-2024 07:14 PM
OPD/IPD : OPD

<u>TEST NAME</u>	<u>VALUE</u>
ABO	"AB"
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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<http://rgcipacs/SJM/Design/Finanace/LabTextReport.aspx>

2/25/2024
Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



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URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : (++++)

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : (++++)



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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
Glucose: (++++)
PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /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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2/25/2024
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Visit ID	: IQD83627	Registration	: 24/Feb/2024 12:54PM
UHID/MR No	: IQD.0000081570	Collected	: 24/Feb/2024 01:03PM
Patient Name	: Mr.VIKASH KHANNA	Received	: 24/Feb/2024 01:27PM
Age/Gender	: 39 Y 0 M 0 D /M	Reported	: 24/Feb/2024 02:30PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240205576



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	0.62	ng/ml	0.61-1.81	CLIA
T4	5.14	ug/dl	5.01-12.45	CLIA
TSH	6.97	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

Interpretation:

Triiodothyronine (T3), Thyroxine (T4), and Thyroid Stimulating Hormone (TSH) are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.

Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3 and T4 in the blood inhibit the production of TSH.

Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum

TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of

hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating

hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound

Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radioiodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, iodine containing drug and dopamine antagonist e.g. domperidone and



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Employee Code	:	Barcode No	: 240205576



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
				other physiological reasons.	
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. Tietz Fundamentals of clinical chemistry 2. Guidelines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. and troughs at 5:00 - 6:00 p.m. With ultradian variations.



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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 OH)				
Sample Type : SERUM				
VITAMIN D	12.6	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	0.42	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.



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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
Sample Type : SERUM				
VITAMIN B12	341	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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Test Performed at IQ Diagnostics 1st Floor, P.K-06, Sector 122 Noida-201307

Ultrasound Report

Name: Mr. Vikas khanna

Age: 51y/M

Date: 24/02/2024

Ultrasound - Male Abdomen

Liver: Liver appears fatty with grade 2. 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 normal 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 in size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEYS: Both the kidneys are normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on either side

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 with grade 2.

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR



Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Vikas Khanna

Age /sex:51Yrs/M

Date:24/02/2024

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.5		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.4		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.1	2.6	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(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 ½ 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	

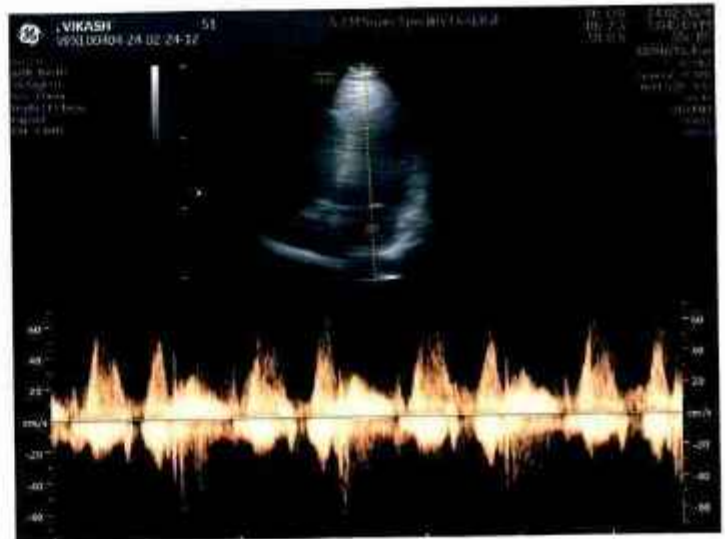
Final Interpretation: -

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

DR. AMIT KOTHARI

Non-Interventional Cardiologist.





PATIENT ID	: 26427 OPD	X-Ray Report	PATIENT NAME	: MR VIKASH KHANNA
AGE	: 051Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 24-Feb-2024

RADIOLOGY REPORT

EXAM: X RAY CHEST

CLINICAL HISTORY:

COMPARISON:

None

TECHNIQUE:

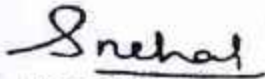
Frontal projections of the chest were obtained

FINDINGS:

Both lung fields are clear.
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:

I. The study is within normal limits.



Dr Snehal Badjate
Consultant Radiologist
MDS, DMRE
Regn No: 2014/20/0805



Dr Snehal Badjate
24th Feb 2024

Centre for Excellent Patient Care

PAR

