

B.P - 130/80
SpO2 - 90
H - 165cm
W - 71kg

Bank of Baroda



Indian Union Driving Licence
Issued by **Uttar Pradesh** (UP)

UP16 20230030975

Issue Date	Validity (NT)	Validity (TR)*
18-08-2023	13-07-2029	

 (18-08-2023)

Holder's Signature

Name: **NAVAL KISHORE**

Date of Birth: **14-07-1969** Blood Group: **O+VE** Organ Donor: **N**

Son/Daughter/Wife of: **SUKH RAM SINGH**

Address:
F-901, HAWELIA VALNOVA PARK TECHZONE -
IV GREATER NOIDA ALPHA - 1 Greater Noida
Gautam Buddha Nagar Uttar Pradesh 201310

NAVAL
23/09/2023
6378 442173

Date of First Issue



SJM SUPER SPECIALITY HOSPITAL

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)



23.09.23

(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 Naval Kishore

90 BOB

Physically and Mentally bet on
clinical examination.



SJM SUPER SPECIALITY HOSPITAL
Vinod Kumar Bhat
M.B.S, M.D (Medicine)
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-Meditex (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., TATA AIG 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)

Mr nabal kishor

Visit: self
14.07.1969
54 Years

Male

23.09.2023 9:02:48 AM

sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

QRS : 76 ms
QT / QTcBaz : 356 / 413 ms
PR : 156 ms
P : 72 ms
RR / PP : 738 / 740 ms
P / QRS / T : 36 / 0 / 99 degrees

Normal sinus rhythm
Inferior infarct, age undetermined
Abnormal ECG

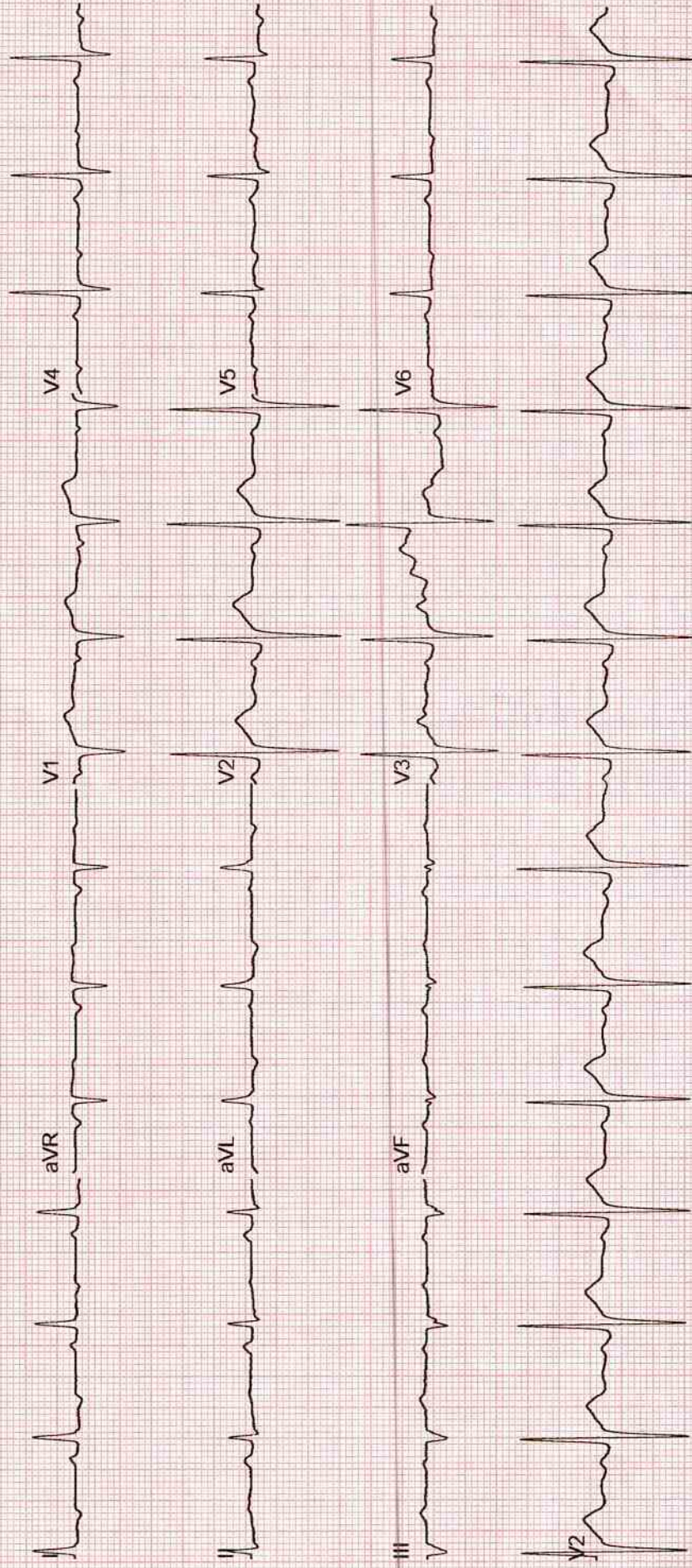
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

SJM SUPER SPECIALITY HOSPITAL

Dr. Vinod Kumar Bhat
M.B.B.S., M.D. (Medicine)
Senior Consultant Physician
Reg. No. 30989 (DMC)

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

81 bpm
-- / -- mmHg



Laboratory Report

Lab Serial no. : LSHHI261093	Mr. No : 106560
Patient Name : Mr. NAVAL KISHORE	Reg. Date & Time : 23-Sep-2023 08:53 AM
Age / Sex : 54 Yrs / M	Sample Receive Date : 23-Sep-2023 09:38 AM
Referred by : Dr. SELF	Result Entry Date : 23-Sep-2023 01:09PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Sep-2023 01:11 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	12.6	gm/dL	12.0 - 17.0
TLC	5.0	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	48	%	40 - 70
Lymphocyte	41	%	20 - 40
Eosinophil	09	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.91	Thousand / UI	3.8 - 5.10
P.C.V	40.7	million/UI	00 - 40
M.C.V.	82.9	fL	78 - 100
M.C.H.	25.7	pg	27 - 31
M.C.H.C.	31.0	g/dl	32 - 36
Platelet Count	1.26	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 : Mr. BIRJESH

RS

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

Page 1

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

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BIOCHEMISTRY

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

BLOOD SUGAR (PP),Serum

SUGAR PP	244.6	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)	103.5	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 :

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HAEMATOTOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	14	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
---------	------	-----------

LIPID PROFILE, Serum

S. Cholesterol	126.0	mg/dl	< - 200
HDL Cholesterol	70.1	mg/dl	35.3 - 79.5
LDL Cholesterol	36.9	mg/dl	50 - 150
VLDL Cholesterol	19.0	mg/dl	00 - 40
Triglyceride	95.2	mg/dl	00 - 170
Cholesterol/HDL RATIO	1.8	%	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
KFT,Serum			
Blood Urea	32.2	mg/dL	18 - 55
Serum Creatinine	0.93	mg/dl	0.7 - 1.3
Uric Acid	5.4	mg/dl	3.5 - 7.2
Calcium	9.9	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	136.4	mEq/L	135 - 150
Potassium (K ⁺)	3.71	mEq/L	3.5 - 5.0
Chloride (Cl)	100.5	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	14.95	mg/dL	7 - 18
PHOSPHORUS-Serum	3.79	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)

Page 1

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

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.40	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.31	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.09	mg/dL	0.2 - 1.2
SGOT/AST	25.2	IU/L	00 - 35
SGPT/ALT	19.7	IU/L	00 - 45
Alkaline Phosphate	57.0	U/L	53 - 128
Total Protein	7.48	g/dL	6.4 - 8.3
Serum Albumin	4.29	gm%	3.50 - 5.20
Globulin	3.19	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.34	%	

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.



technician :

Typed By : Mr. BIRJESH

Page 1

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

Dr. Bupinder Zutshi
(M.B.B.S., MD)
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OPD/IPD : OPD	:

TEST NAME

VALUE

ABO

“O”

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 and RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : (++++)

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : (++++)



Mr. BIRJESH


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 M.D. (Pathologist)
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23-09-2023
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OPD/IPD : OPD

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Yellow
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.



Mr. BIRJESH


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

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23-09-2023
Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



Visit ID : IQD44510	Registration	: 23/Sep/2023 01:20PM
UHID/MR No : IQD.0000042969	Collected	: 23/Sep/2023 01:26PM
Patient Name : Mr.NAVAL KISHORE	Received	: 23/Sep/2023 01:50PM
Age/Gender : 54 Y 0 M 0 D /M	Reported	: 23/Sep/2023 03:27PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: Iqd2151
	Barcode No	: 230901300



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
HbA1c				
Sample Type : WHOLE BLOOD EDTA				
HbA1c	8.3	%	Non-diabetic: <= 5.7~Pre-diabetic: 5.7-6.5~Diabetic: >= 6.5 %	HPLC
ESTIMATED AVG. GLUCOSE	191.51	mg/dL	Excellent control : 90-120~Good control : 121-150~Average control : 151-180~Action suggested : 181-210~Panic value : >211 mg/dl	Calculated

IN INTERPRETATION :

- HbA1c is used for monitoring diabetic control . It reflects the estimated average glucose (eAG) .
- HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future.
- Trends in HbA1c are a better indicator of diabetes control than a solitary test .
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent Control – 6 to 7 % , Fair to Good Control - 7 to 8 % , Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .



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MBBS, MD(Microbiology)

Dr. Anil Rathore
MBBS, MD(Pathology)

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Test Performed at IQ Diagnostics 1st Floor, P.K-06, Sector 122 Noida-201307



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UHID/MR No : IQD.0000042969	Collected	: 23/Sep/2023 01:26PM
Patient Name : Mr.NAVAL KISHORE	Received	: 23/Sep/2023 01:50PM
Age/Gender : 54 Y 0 M 0 D /M	Reported	: 23/Sep/2023 02:27PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
	Barcode No	: 230901300



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.03	ng/ml	0.61-1.81	CLIA
T4	9.33	ug/dl	5.01-12.45	CLIA
TSH	4.43	uIU/mL	0.35-5.50	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

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

(References range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL				
Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.49	ng/mL	0-4	CLIA

INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (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.

*** End Of Report ***



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Ultrasound Report

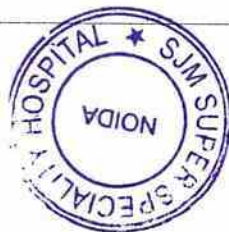
TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: MR. Naval	Age /sex:54Yrs/Male	Date: 23/09/2023
ECHO WINDOW: FAIR (Post CABG)		

	Observed values (cm)		Normal values (cm)
Aortic root diameter	2.4		22-36
Aortic valve Opening	1-7		15 -26
Left Atrium size	2.8		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (cm)
Left Ventricle size	4.2	2.3	(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	81	Max velocity	136
Mean PG		Max PG	
Pressure 1/2 time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve = Abnormal		Tricuspid valve = Normal	
E	A>E	Max Velocity	56
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



Ultrasound Report

Regurgitation: -

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

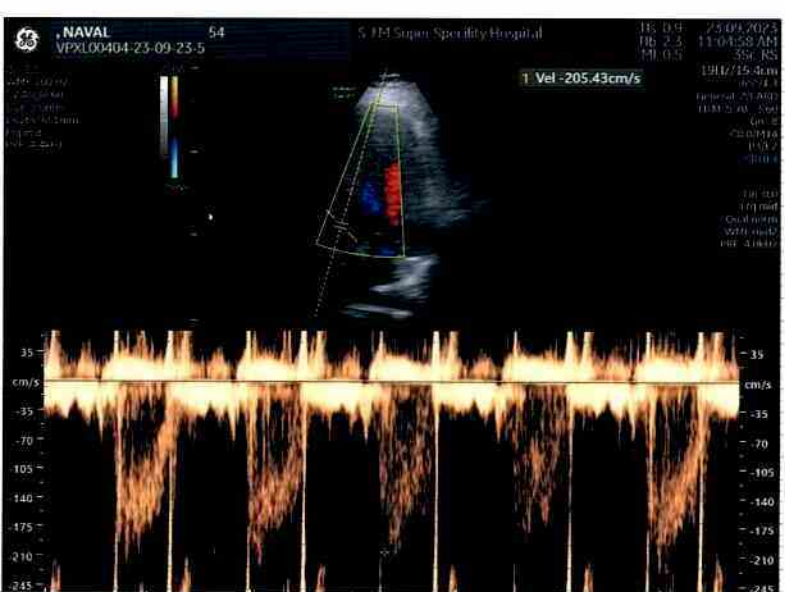
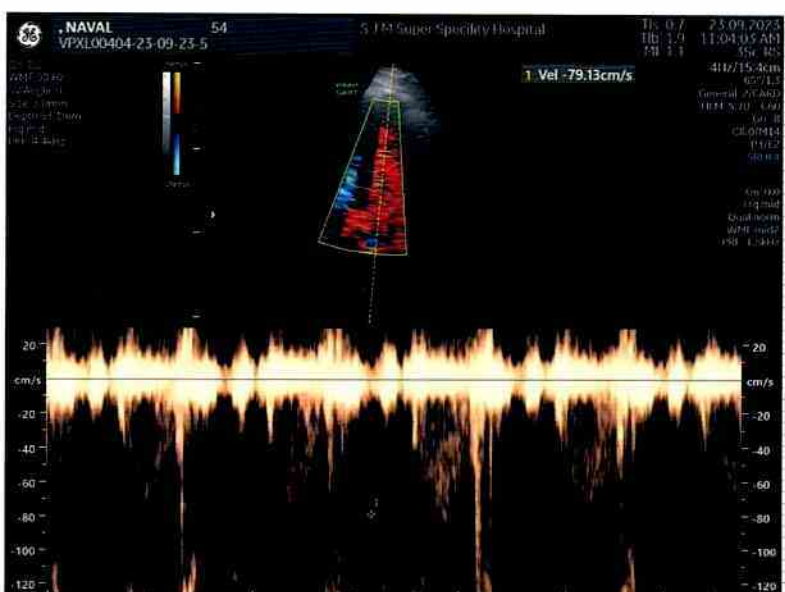
Final Interpretation:-

- 1.) Hypokinetic mid basal posterior wall mid lateral and mid inferior wall LVEF: 45-50%.
- 2.) Normal CCD.
- 3.) Trace mitral regurgitation.
- 4.) Trace tricuspid regurgitation (PASP =25 mmHg).
- 5.) Normal RV systolic function.
- 6.) Grade I LV DRA present.
- 7.) No MS /AS/AR
- 8.) No Intracardiac clot, vegetation, pericardial effusion.
- 9.) IVC normal in size with >50% respiratory variation.



DR. Bhupendra Bhati

Non-Interventional Cardiologist(NIC).





Ultrasound Report

Name: Mr. Naval

Age: 54yrs. /M

Date: 23/09/2023

Ultrasound - Male Abdomen

LIVER: Liver appears normal in size. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal veins 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 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 echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on either side. **Right kidney meas. 8.5cm x 5.2cm. Left kidney meas. 9.6cm x 5.9cm.**

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

URINARY BLADDER: - Adequately distended. Walls 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: NORMAL SCAN.

DR. PUSHPA KAUL



DR. RAKESH GUJJAR

PATIENT ID	: 24204 OPD	X-Ray Report	PATIENT NAME	: MR NAYAL KISHORE
AGE	: 54Y		SEX	: Male
ACCN	:		MODALITY	: DX
REF. PHY.	:		STUDY	: Chest
STUDY DATE	: 23-Sep-2023		VOUCHER NO	#{voucherNo}

RADIOLOGY REPORT
EXAM: X RAY CHEST

CLINICAL HISTORY:

COMPARISON:

None

TECHNIQUE:

Frontal projections of the chest were obtained

FINDINGS:

Prominent bronchovascular markings are noted in both lung fields, this is indicative of bronchitis.

Sternal sutures noted.

Both costophrenic angles appear normal.

The tracheal lucency is centrally placed.

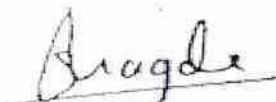
The mediastinal and diaphragmatic outlines appear normal.

The heart shadow is normal.

The bony thoracic cage and soft tissues are normal.

IMPRESSION:

1) Prominent bronchovascular markings are noted in both lung fields, this is indicative of bronchitis.



Dr Sonam Kagde
 Consultant Radiologist
 MBBS, DMRE
 Regn.No: 2017/09/4619

Dr Sonam Kagde
 23rd Sep 2023



Centre for Excellent Patient Care

MR NA AL KISHORE 54 Male

Chest

PA

24204 OPD

23/09/2023 9:22:59 AM
S. J. MEMORIAL SUPER SPECIALITY HOSPITAL SEC 63, CHHJARSII, NOIDA



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