

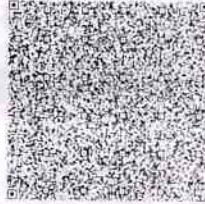


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: आत्मज: सतीश कुमार अनेजा, 8831 / 4,
शिदी पुरा, करोल बाग, मध्य दिल्ली, दिल्ली,
110005
Address: S/O: Satish Kumar Aneja, 8831 / 4,
Shidi pura, Karol Bagh, Central Delhi, Delhi,
110005

Print Date: 09/12/2020



3147 7233 4366



1947



help@uidai.gov.in



www.uidai.gov.in

Jitendra Aneja
9899879134
13-04-2024



भारत सरकार
Government of India



Issue Date: 26/02/2015



जितेन्द्र अनेजा
Jitendra Aneja
जन्म तिथि / DOB : 12/09/1989
पुरुष / MALE

3147 7233 4366

मेरा आधार, मेरी पहचान



Jitendra aneja
ID: 0000

34 Years

Male

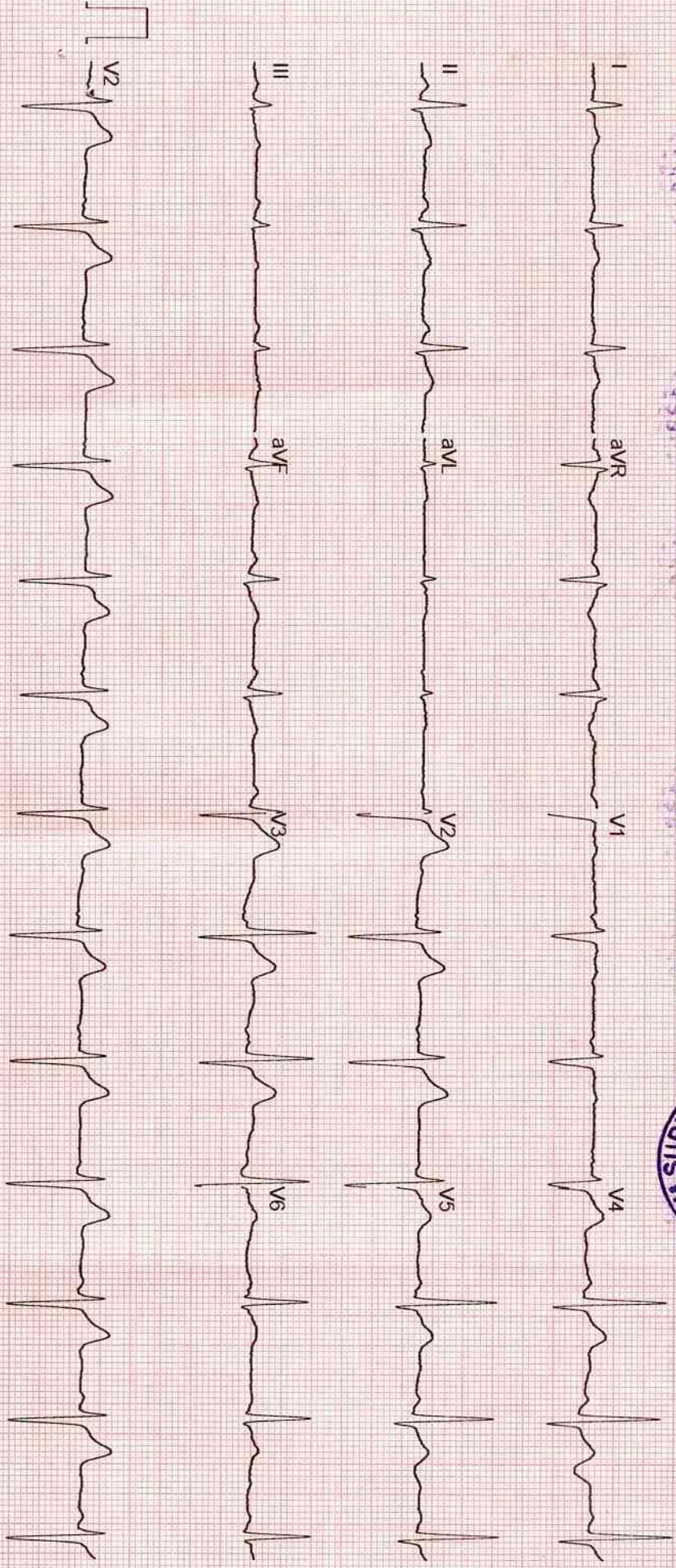
13.04.2024 9:35:11 AM
slm hospital
sector 63
Gautam Buddha Nagar, UP-201307

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS	96 ms
QT / QTcBaz	382 / 426 ms
PR	136 ms
P	98 ms
RR / PP	796 / 800 ms
P / QRS / T	63 / 58 / 53 degrees

Normal sinus rhythm
Normal ECG



75 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

1/1



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)



13/4/24

(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. Jaideep Gambhir, M.D(Psychiatrist)
Consultant Psychiatry, Mob.: 8006888664
Dr. Monica Gambhir, MBBS
Family Therapist & Relationship Counsellor
Mob.: 8006888663
Dr. B.P. Gupta, MS (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.

Mr. Jitendra (34y/m)

Vignesh 6/6
Nb

CSG

- No complaints

(BE)

Refresh Tears Eye drops - 2 times a day
X 2 months.



Facilities:

- 100 Beds. Private & Public wards
- Inpatient & Outpatient - (OPD)Facilities
- 24-Hour ambulance and emergency
- 3 Operation theatres
- Laprosopic & 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

CGHS & AYUSHMAN BHARAT

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

Panels: 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., Mediate 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)



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 Centre for Excellent Patient Care
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 Tel.: 0120-6530900 / 10, Mob.: 9599259072



Reg. No.
 Date *13.04.24*
 Name *Mr. Jitendra Arora*
 Age / Sex
 Panel Name / Cash *90 BOP.*

UHID No. :
 Doctor Name : Dr. Vinod Bhat
 MBBS, MD
 Regn. No.: 30989 (DMC)
 Department of Medicine

Chief Complant & Present Illness

Past History

*Physically and
 Mentally bet.*

Treatment Advised

Provisional Diagnosis

Allergies

*1
 Bw
 13-04-24*

General Examination

Temp
 Pulse
 B.P.
 R.R.
 SPO2

Investigation

Nutritional Screening

Follow up



Signature of Doctor
 SJM/SSH/MED/OPD/07

Laboratory Report

Lab Serial no. : LSHHI281060	Mr. No : 114144
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Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 13-Apr-2024 01:43 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	15.40	gm/dL	12.0 - 17.0
TLC	8.60	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	58	%	40 - 70
Lymphocyte	33	%	20 - 40
Eosinophil	05	%	01 - 06
Monocyte	04	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.60	Thousand / UI	3.8 - 5.10
P.C.V	48.20	million/UI	00 - 40
M.C.V.	86.10	fL	78 - 100
M.C.H.	27.50	pg	27 - 31
M.C.H.C.	32.00	g/dl	32 - 36
Platelet Count	3.55	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 :

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R. Goel

Page 1

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M.D. (Pathologist)
36548 (MCI)

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

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HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	12	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.

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RS:nd

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BIOCHEMISTRY

	results	unit	reference
HbA1C / GLYCATED HEMOGLOBIN / GHb			
Hb A1C	4.60	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	85.32	mg/dl	

INTERPRETATION-

	HBA1C
NON DIABETIC	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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BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP), Serum			
SUGAR PP	119.80	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)	105.30	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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BIOCHEMISTRY

	results	unit	reference
<u>KFT, Serum</u>			
Blood Urea	43.30	mg/dL	18 - 55
Serum Creatinine	1.40	mg/dl	0.7 - 1.3
Uric Acid	6.60	mg/dl	3.5 - 7.2
Calcium	10.40	mg/dL	8.8 - 10.2
Sodium (Na+)	136.70	mEq/L	135 - 150
Potassium (K+)	4.23	mEq/L	3.5 - 5.0
Chloride (Cl)	106.40	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	20.23	mg/dL	7 - 18
PHOSPHORUS-Serum	3.15	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

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.99	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.54	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.45	mg/dL	0.2 - 1.2
SGOT/AST	56.42	IU/L	00 - 35
SGPT/ALT	48.20	IU/L	00 - 45
Alkaline Phosphate	160.00	U/L	53 - 128
Total Protein	7.85	g/dL	6.4 - 8.3
Serum Albumin	3.26	gm%	3.50 - 5.20
Globulin	4.59	gm/dl	1.8 - 3.6

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
LIPID PROFILE, Serum			
S. Cholesterol	253.00	mg/dl	< - 200
HDL Cholesterol	36.80	mg/dl	35.3 - 79.5
LDL Cholesterol	180.20	mg/dl	50 - 150
VLDL Cholesterol	36.00	mg/dl	00 - 40
Triglyceride	180.00	mg/dl	00 - 170
Chloestrol/HDL RATIO	6.90	%	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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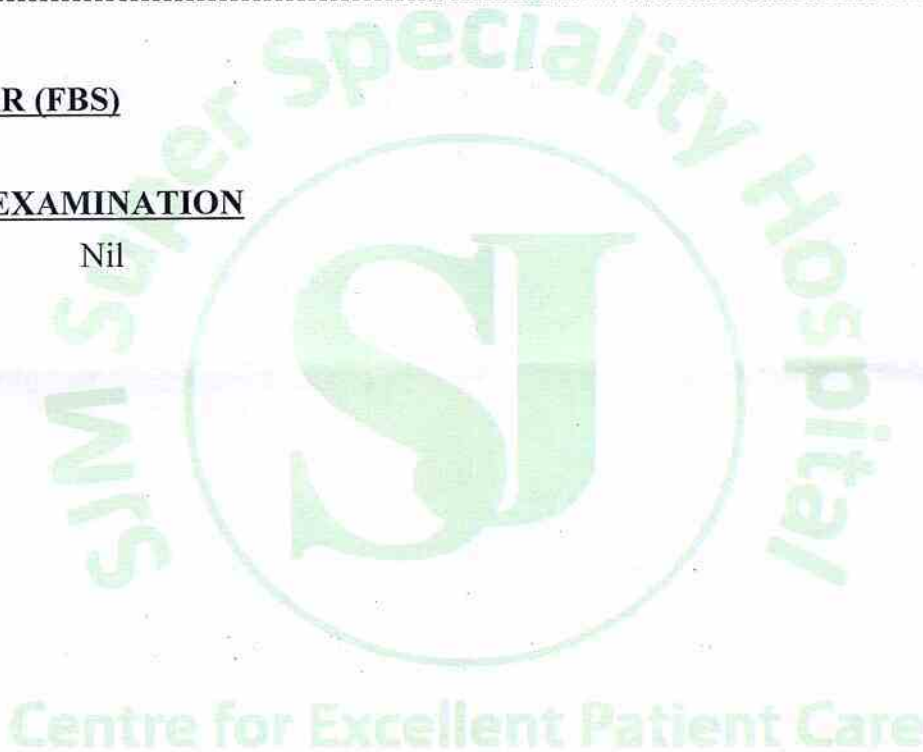
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URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil



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<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
 Color: Straw
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
 Glucose: nil
 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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TEST NAME

VALUE

ABO

"A"

Rh

NEGATIVE

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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4/13/2024

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Visit ID	: IQD96541	Registration	: 13/Apr/2024 11:27AM
UHID/MR No	: IQD.0000094431	Collected	: 13/Apr/2024 11:35AM
Patient Name	: Mr.JITENDRA	Received	: 13/Apr/2024 11:52AM
Age/Gender	: 35 Y 0 M 0 D /M	Reported	: 13/Apr/2024 12:54PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240403070



Test Name	Result	Unit	Bio. Ref. Range	Method
DEPARTMENT OF HORMONE ASSAYS				
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3				
T4	1.20	ng/ml	0.61-1.81	CLIA
TSH	9.81	ug/dl	5.01-12.45	CLIA
	4.64	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 Radio-Iodine 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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Dr. Anil Rathore
MBBS, MD (Pathology)



Dr. Prashant Singh
MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Visit ID	: IQD96541	Registration	: 13/Apr/2024 11:27AM
PHB/MR No	: IQD.0000094431	Collected	: 13/Apr/2024 11:35AM
Patient Name	: Mr.JITENDRA	Received	: 13/Apr/2024 11:52AM
Age/Gender	: 35 Y 0 M 0 D /M	Reported	: 13/Apr/2024 12:54PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: Iqd2151
Employee Code	:	Barcode No	: 240403070



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons.
4	Low	High	High	High	(1) Secondary and Tertiary Hypothyroidism (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.Guid lines 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.

*** End Of Report ***



Dr. Ankita Singhal
MBBS, MD (Microbiology)

Dr. Anil Rathore
MBBS, MD (Pathology)



Dr. Prashant Singh
MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Ultrasound Report

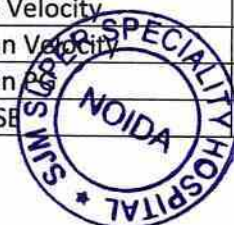
TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Jitendra Aneja	Age /sex:34Yrs/M	Date:16/03/2023
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.4		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.6		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.3	2.5	(ED =39 -58)
Interventricular Septum	0.8		(ED = 6 -11)
Posterior Wall thickened	0.8		(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	
E/E		TAPSE	



Ultrasound Report

Regurgitation: -

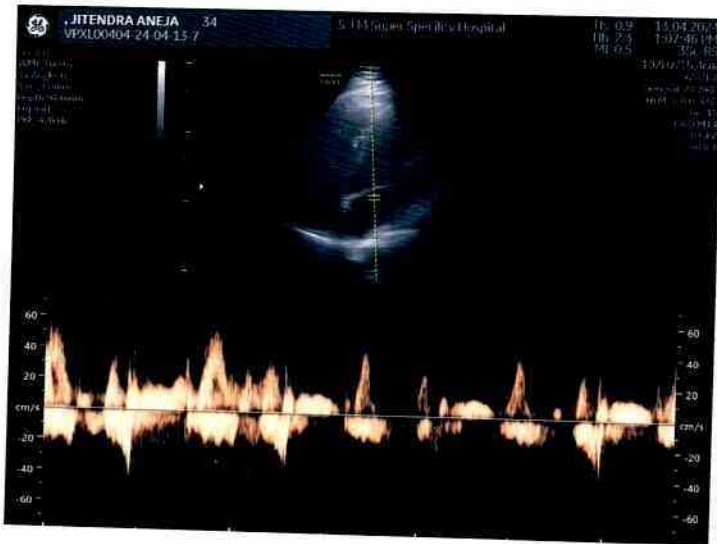
MR =NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

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


DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Ultrasound Report

Name: Mr. Jitendra Aneja

Age:34y/M

Date: 13/04/2024

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 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 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 left side. **Right kidney shows renal concretions.**

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

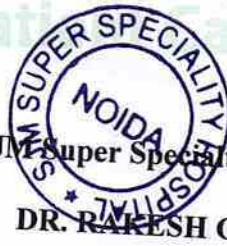
URINARY BLADDER:- Adequately distended . Wall were regular and thin. Contents are Normal. No stone formation seen.

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

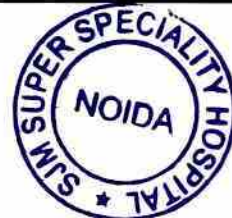
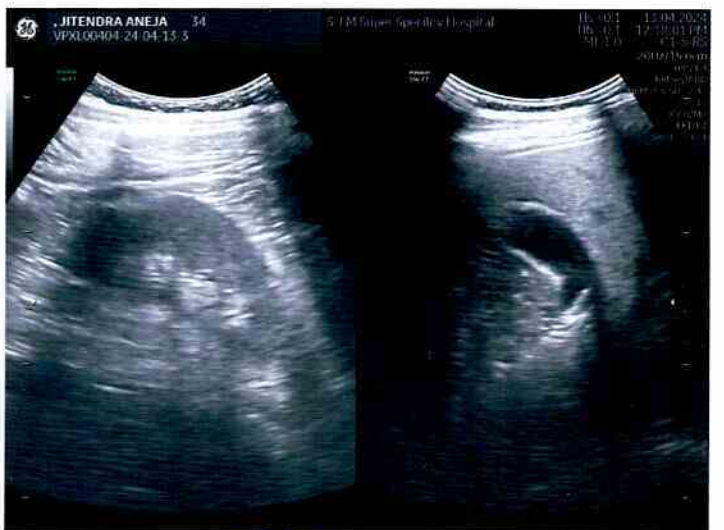
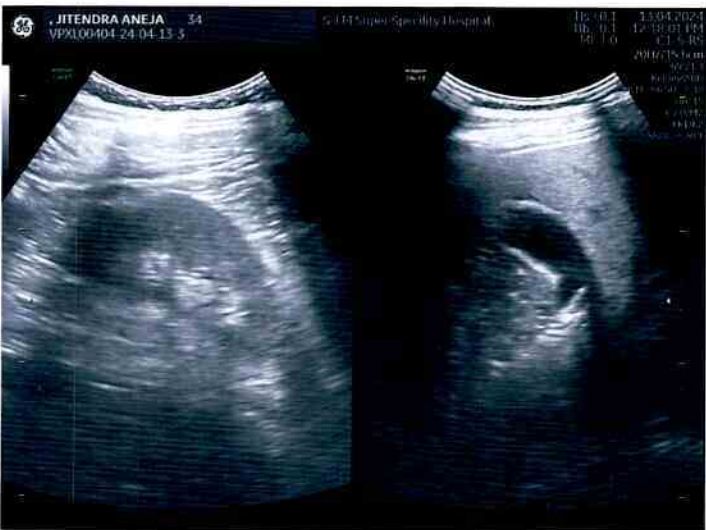
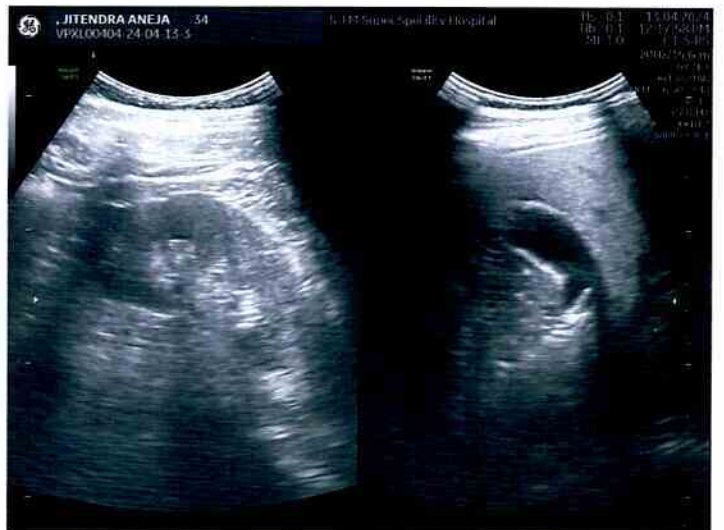
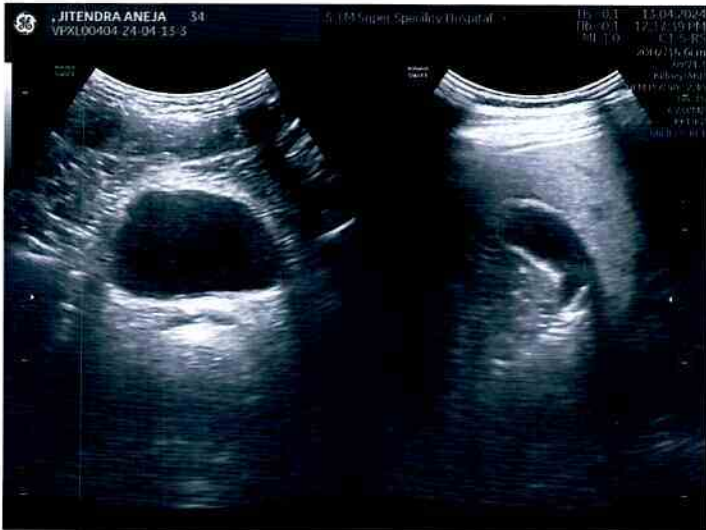
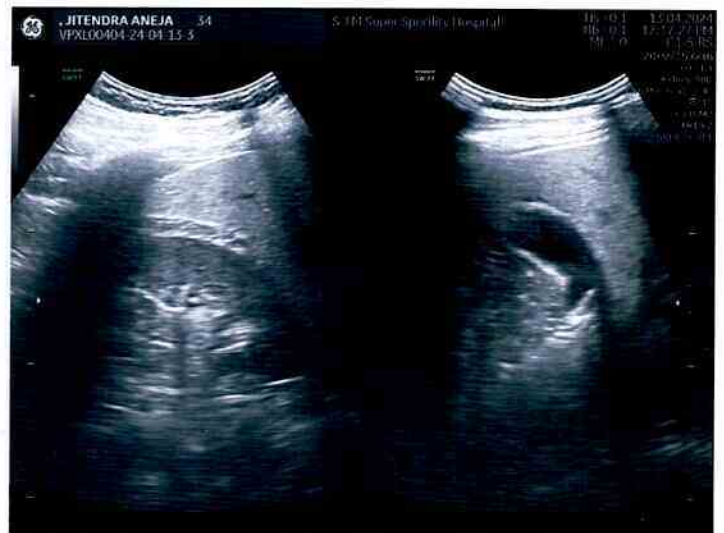
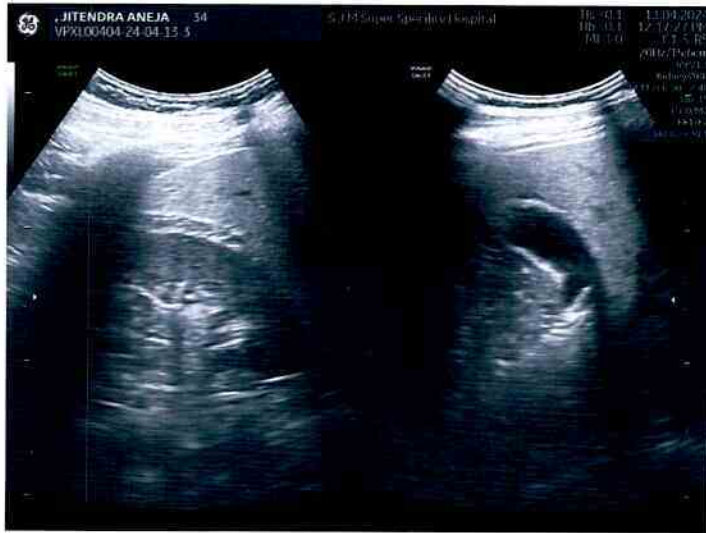
IMPRESSION: - Right renal concretions.

DR. PUSHPA KAUL

For SJM Super Speciality Hospital



DR. RAKESH GUJJAR



X-Ray Report

Name	MR JITENDRA	Age	034Y - M
Date	13/04/2024	Patient Id	27195 OPD
Referring Doctor		Center	SJM HOSPITAL, SECTOR 62, NOIDA

Chest PA View

Technique:-

Radiograph of chest in posteroanterior projection.

Findings:-

Bilateral lung fields appear normal.

Trachea is central.

Mediastinum appears normal.

Cardiac is normal in size.

Bilateral hila appear normal.

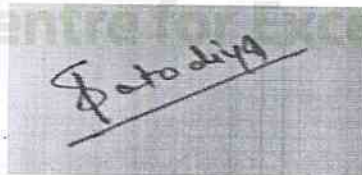
Bilateral costophrenic angles and cardiophrenic angles are normal.

Soft tissues and bony cage appear normal.

Impression:-

- No significant abnormality is seen.

Suggest clinical correlation.



Dr Shyam patodia
M.B.B.S,DNB
RADIODIAGNOSIS
CONSULTANT RADIOLOGIST



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