


wife - 69: 8 kg
 Hida - 167
 B.P. - 130/80
 plus - 100

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 गौतम बुद्ध नगर,
 - सेक्टर 78, नोडा,
 Sector 78, Noida, Gautam
 002 आदित्य अद्वैत नगर,
 S/O Devendra Kumar Garg,
 D002 Aditya Urban Casa,
 पता: [REDACTED]
 Address
 भारत
 INDIA

for medical purposes only
 Dr. Vinit
 9999399041

SJM SUPER SPECIALITY HOSPITAL
 Dr. Vinit Kumar Bhat
 M.B.B.S, M.D (Medicine)
 Sr. Consultant Physician
 Reg. No. 30969 (DMC)

भारत सरकार

 अमित कुमार गर्ग
 Amit Kumar Garg
 जन्म तिथि/ DOB: 12/01/1986
 पुरुष / MALE
 6921 8160 4647
 आधार - आम आदमी का अधिकार






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)

12-12-2022

910 1300

(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.

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3 Operation theatres
Laparoscopic & Conventional Surgery
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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. Amit Kumar Garg

Physically & mentally fit

Dr. Vinod Bhat
SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S, MD (Medicine)
Sr. Consultant Physician
Reg. No. 30889 (DMC)

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Mr. amit kumar garg

ID: 0000

Visit: Opd
12.01.1986 167 cm Male
36 Years 69.8 kg

08.12.2022 10:06:26

SJM Super Speciality Hospital
Sector-63, Chhilarji, Noida
Gautam Budhha Nagar, UP-201307

Location:

Room:

Order Number:

Indication:

Medication 1:
Medication 2:
Medication 3:

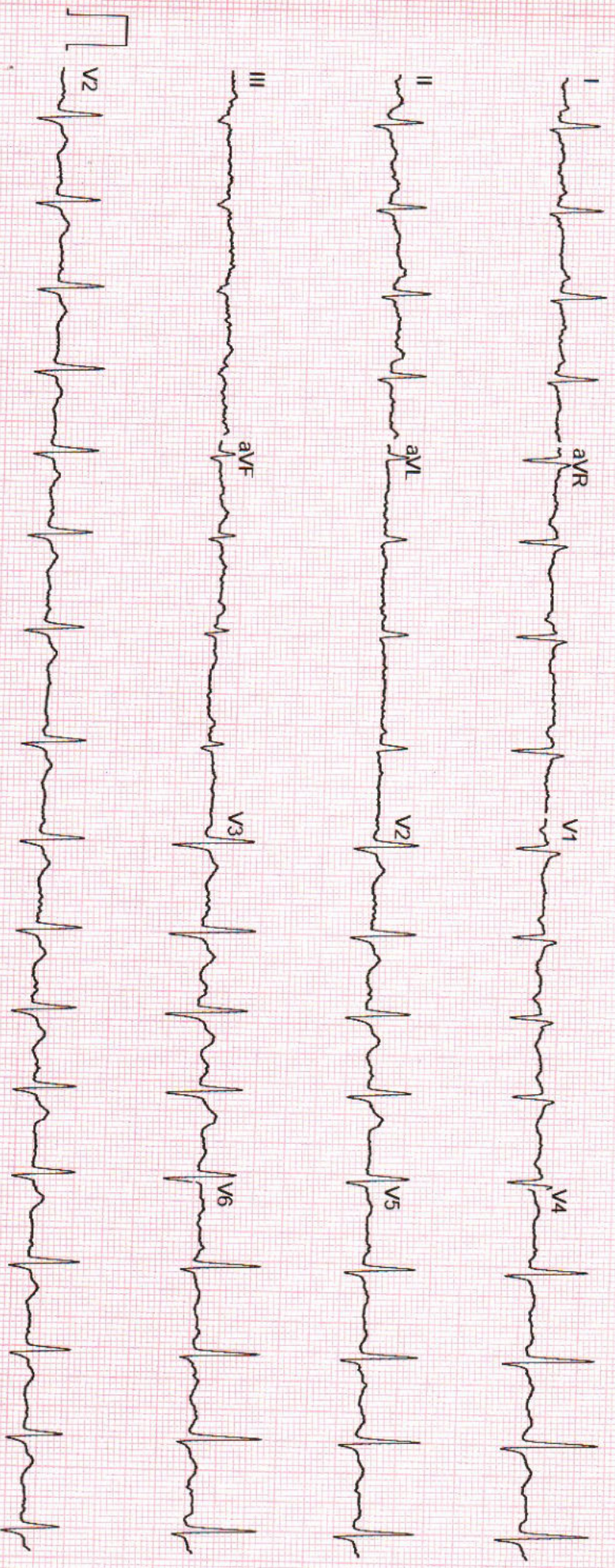
101 bpm
-- / -- mmHg

QRS : 78 ms
QT / QTcBaz : 328 / 425 ms
PR : 158 ms
P : 100 ms
RR / PP : 594 / 594 ms
P / QRS / T : 53 / 18 / 56 degrees

Sinus tachycardia
Otherwise normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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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

Ultrasound Report TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **MR.Amit kumar Garg** Age /sex:36Yrs/Male Date: **25/11/2022**

ECHO WINDOW: FAIR

	Observed values (mm)		Normal values (mm)
Aortic root diameter	2.2		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.4		19 - 40
	End Diastole (mm)	End Systole (mm)	Normal Values (mm)
Left Ventricle size	4.2	2.5	(ED =39 -58)
Interventricular Septum	0.9		(ED = 6 -11)
Posterior Wall thickened	0.9		(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	

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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: -

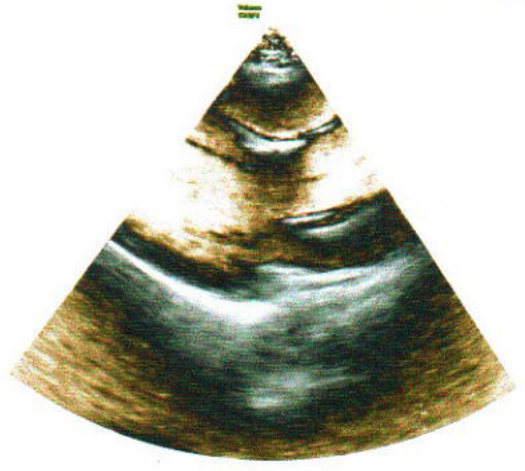
- 1.) No LV RWMA; LVEF: 60%
- 2.) No MR/MS NO AS/AR,NO TR
- 3.) No Intracardiac clot, vegetation, pericardial effusion

DR. AMIT KOTHARI

Non-Interventional Cardiologist

Sr. Consultant (Physician)
 Reg. No. 30839 (DMC)

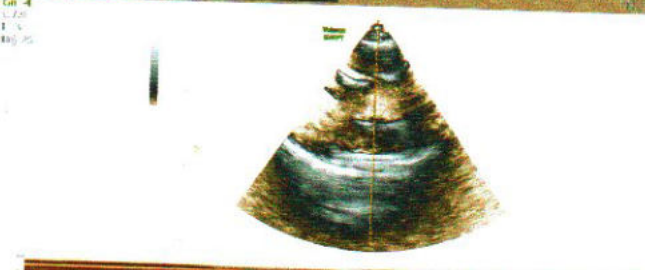
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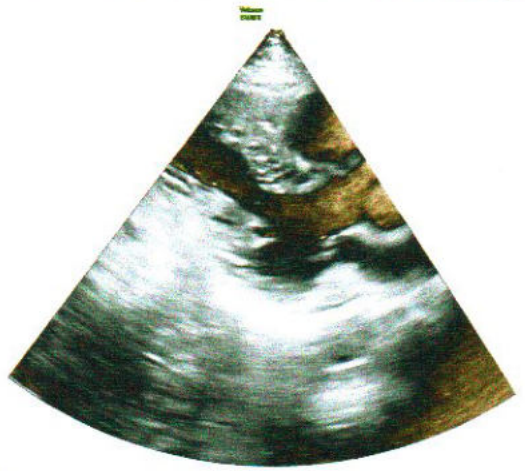
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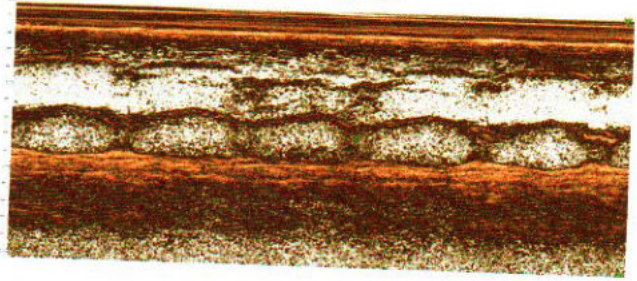
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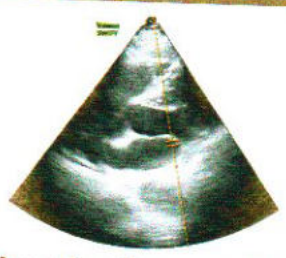
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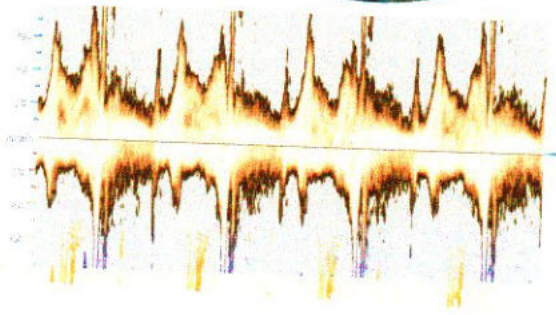
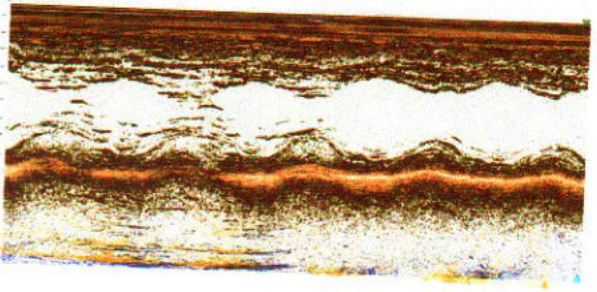
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Laboratory Report

Lab Serial no.	: LSHHI236154	Mr. No	: 97296
Patient Name	: Mr. AMIT KUMAR GARG	Reg. Date & Time	: 08-Dec-2022 11:17 AM
Age / Sex	: 36 Yrs / M	Sample Receive Date	: 08-Dec-2022 11:19 AM
Referred by	: Dr. SELF	Result Entry Date	: 08-Dec-2022 01:02PM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 08-Dec-2022 01:03 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	15.5	gm/dl	12.5 - 16.0
TLC	9.0	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	39	%	40 - 70
Lymphocyte	51	%	20 - 40
Eosinophil	08	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.22	Thousand / UI	3.8 - 5.10
P.C.V	45.9	million/UI	00 - 40
M.C.V.	87.9	fL	78 - 100
M.C.H.	29.7	pg	27 - 31
M.C.H.C.	33.8	g/dl	32 - 36
Platelet Count	3.17	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

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Sr. Consultant
Reg. No. ...

technician :

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Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (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)	04	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
---------	------	-----------

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	102.2	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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Dr. Bupinder Zutshi
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Pathologist & Microbiologist



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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	207.0	mg/dl	< - 200
HDL Cholesterol	50.9	mg/dl	35.3 - 79.5
LDL Cholesterol	132.5	mg/dl	50 - 150
VLDL Cholesterol	23.6	mg/dl	00 - 40
Triglyceride	118.0	mg/dl	00 - 170
Cholestrol/HDL RATIO	4.0	%	

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.

BLOOD SUGAR (PP), Serum

SUGAR PP	114.3	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

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	26.8	mg/dL	18 - 55
Serum Creatinine	0.69	mg/dl	0.7 - 1.3
Uric Acid	6.6	mg/dl	3.5 - 7.2
Calcium	10.1	mg/dL	8.8 - 10.2
Sodium (Na+)	143.3	mEq/L	135 - 150
Potassium (K+)	4.46	mEq/L	3.5 - 5.0
Chloride (Cl)	103.7	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	12.52	mg/dL	7 - 18
PHOSPHORUS-Serum	3.35	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

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Page 1

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST,Serum			
Bilirubin- Total	0.62	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.37	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.25	mg/dL	0.2 - 1.2
SGOT/AST	31.4	IU/L	00 - 35
SGPT/ALT	42.8	IU/L	00 - 45
Alkaline Phosphate	118.0	U/L	53 - 128
Total Protein	7.10	g/dL	6.4 - 8.3
Serum Albumin	4.46	gm%	3.50 - 5.20
Globulin	2.64	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.69	%	

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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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 (Fasting)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PP)

CHEMICAL EXAMINATION

Glucose : Nil

SJM SUPER SPECIALITY HOSPITAL
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Mr. BIRJESH

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

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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
 Color: Yellow
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: 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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 Pathologist & Micrbiologist



Patient Name : Mr. AMIT KUMAR GARG	Registration No
Age/Sex	Registered
Patient ID	Collection
Barcode	Received
Ref. By	Reported
SRF No.	Panel
Aadhar-Nation	Passport No.

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE.(TFT)SERUM*			
T3 ,Serum	119.00	ng/dl	69-215
T4 ,Serum ECLIA	8.30	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	1.2	uIU/mL	0.3-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within range	Within Range	Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability.
			Subclinical Autoimmune Hypothyroidism
			Intermittent T4 therapy for hypothyroidism
			Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, post radioiodine
			Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics

Jatinder
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY

Priyanka
Dr. Priyanka Rana
MD Pathology

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

360 Diagnostics & Health Services Pvt. Ltd.

C-1/2 Sector-31, Noida - 201 301 (U.P.) Tel.: 0120-4224797, 7042922881

E-mail: admin@360healthservices.com | Website : www.360healthservice.com



Patient Name : Mr. AMIT KUMAR GARG	Registration No
Age/Sex : 36 Y/Male	Registered : 08/Dec/2022
Patient ID : 012212080038	Collection : 08/Dec/2022 02:28PM
Barcode : 10127840	Received : 08/Dec/2022 02:37PM
Ref. By : Self	Reported : 08/Dec/2022 04:15PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or	Raised	Within range	T3 toxicosis
Within range			Non-Thyroidal illness

TSH(μ IU/ml) for pregnant females (As per American Thyroid Association)

First Trimester	0.10-2.5
Second Trimester	0.20-3.00
Third Trimester	0.30-3.00

*** End Of Report ***

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DIAGNOSTICS

Patient Name : Mr. AMIT KUMAR GARG	Registration No
Age/Sex : 36 Y/Male	Registered : 08/Dec/2022
Patient ID : 012212080038	Collection : 08/Dec/2022 02:28PM
Barcode : 10127840	Received : 08/Dec/2022 02:37PM
Ref. By : Self	Reported : 08/Dec/2022 06:18PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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HbA1C(Glycosylated Hemoglobin):EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA HPLC	5.50	%	
Average Glucose Calculated	111.15	mg/dL	<125.0

Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC	< 6.0 %
GOOD CONTROL	6 - 7 %
FAIR CONTROL	7 - 8 %
ACTION SUGGESTED	FOR MORE THAN 8 %

Result done on : Tosoh Automated Glycohemoglobin Analyzer.

Comment :

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

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<p>3. Target goals of < 7.0 % may be beneficial in patients with 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.</p> <p>4. High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications</p> <p>5. Any condition that shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers HbA1c results.</p> <p>6. HbA1c results from patients with HbSS, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemic control.</p> <p>7. Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.</p>			

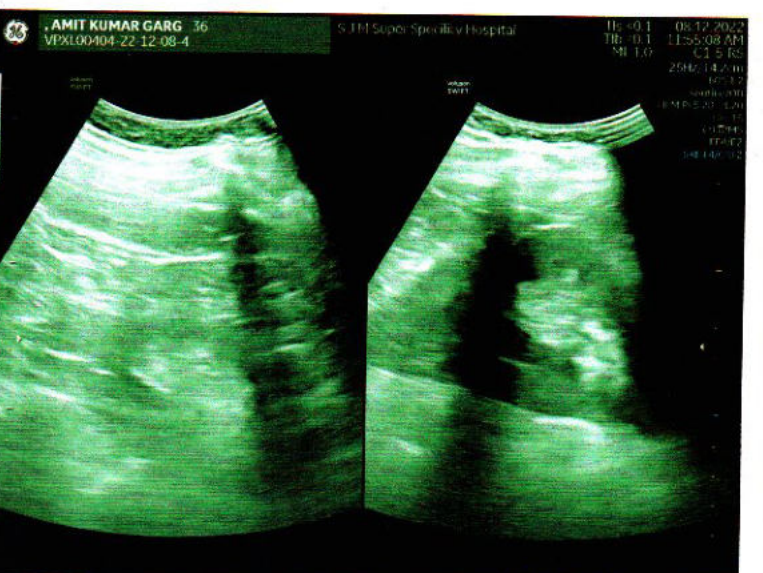
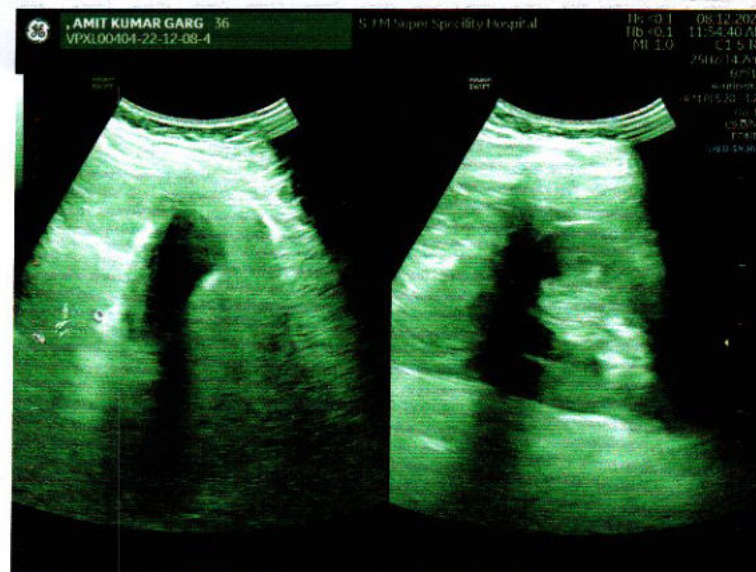
*** End Of Report ***

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SJM SUPER SPECIALITY HOSPITAL, IVF & TRAUMA CENTRE

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Tel.: 0120-6530900 / 10, Mob.:9599259072



Ultrasound Report

Name: Mr. Amit Kumar Garg

Age: 36/M

Date: 08/12/2022

Ultrasound - Male Abdomen

Liver: Liver appears fatty infiltration of grade 1. 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 is normal in size. No focal mass lesion is seen in parenchyma.

KIDNEYS:-Both the kidneys 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 both sides.

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.

IMPRESSION: - Fatty liver grade 1.

DR. PUSHPA KAUL

For SJM Super Speciality Hospital

DR.P. K GUPTA

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X-Ray Report

Patient ID.	20504 OPD	Name	MR.AMIT KUMAR GARG	Sex/Age	M/36Y
Date	08-12-2022 11:20 AM	Ref. Physician		CHEST, CHEST	

X-RAY CHEST PA VIEW

OBSERVATION:

Mild scoliosis of the dorsal spine
Both lung fields are clear. No obvious lung parenchymal lesion or infiltration is seen.
Bilateral ep angles are clear and show acute angle
Bony thoracic cage and soft tissues appears normal
Cardiac silhouette appears normal.
Please correlate clinically

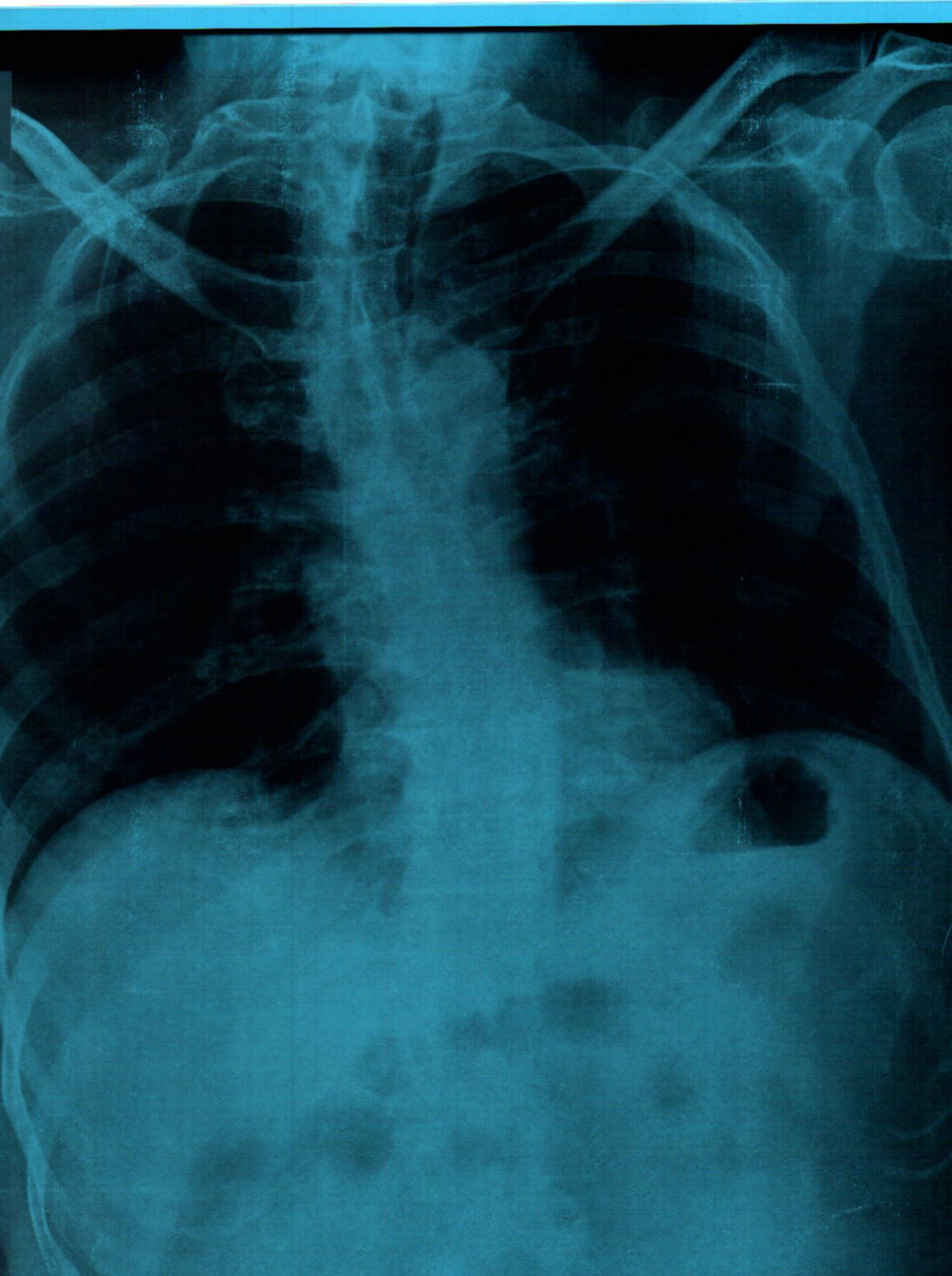
IMPRESSION:

Mild scoliosis of the dorsal spine

DR. DEEPAK K SOLANKI
MBBS, DNB
CONSULTANT RADIOLOGIST

Centre for Excellent Patient Care

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MR. AMIT KUMAR GARG 36 Male

CHEST

PA

20504 OPD

08/12/2022 9:00:56 AM

S. J. MEMORIAL SUPER SPECIALITY HOSPITAL SEC 63, CHHIJARSI, NOIDA