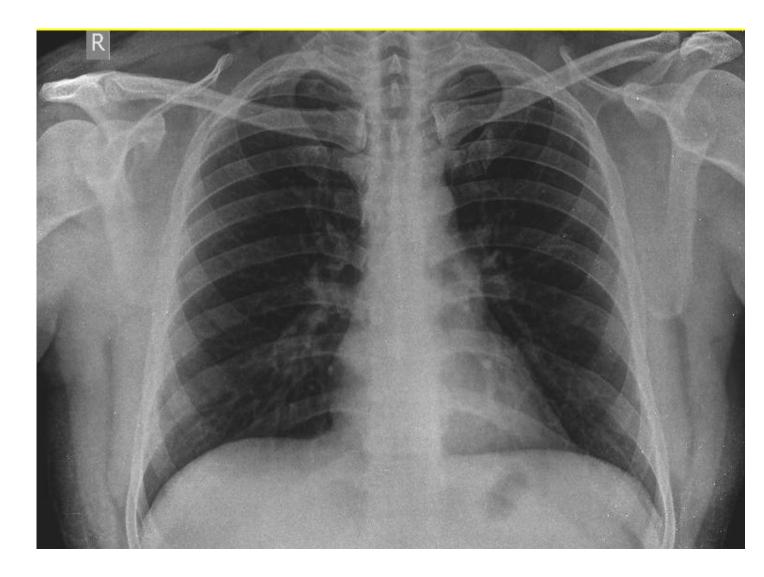
S.J.M SUPER SPECIALITY HOSPITAL, IVF AND TRAUMA CENTRE

X-RAY REPORT



| Patient ID. | 19251(OPD) | Name | KUMAR RAJEEV | Sex/Age | M/31 YR.Y |
|-------------|---------------------|----------------|----------------|-----------|-----------|
| Date | 25-06-2022 01:41 PM | Ref. Physician | DR. VINOD BHAT | Chest, CH | IEST |

X-RAY CHEST PA VIEW

OBSERVATION:

The lung fields are clear.

Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

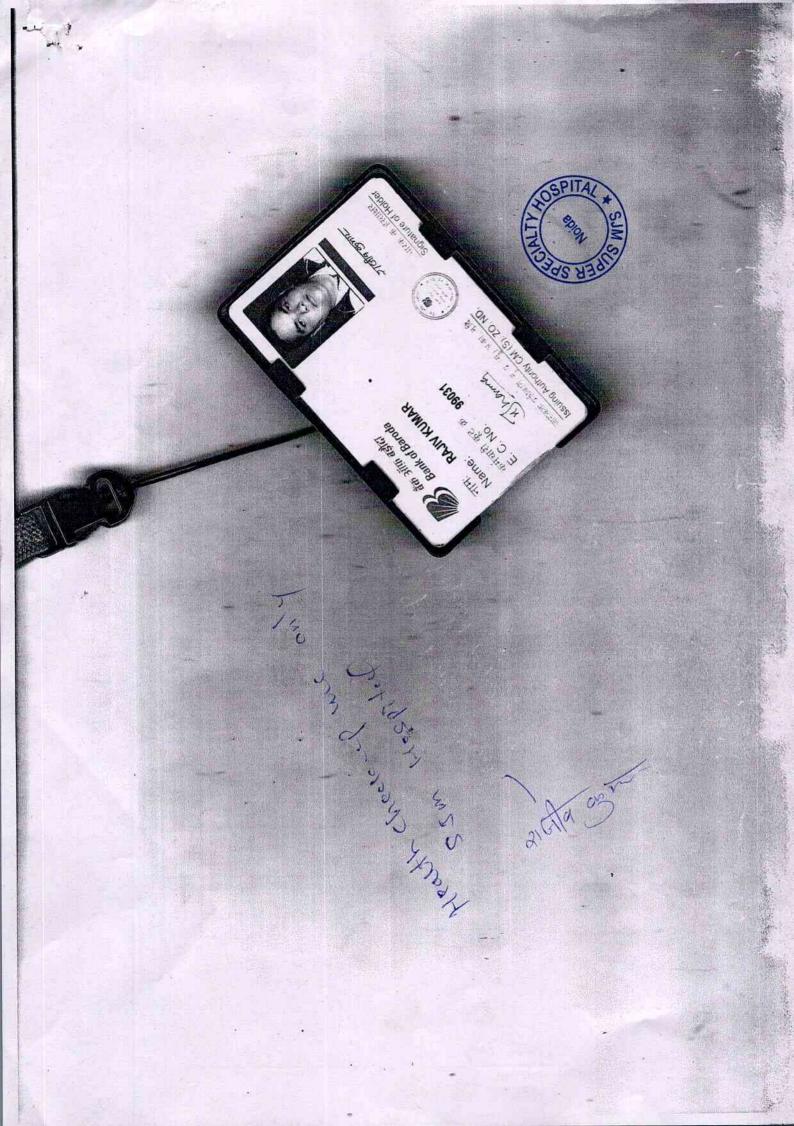
Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:

• No significant abnormality seen.

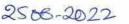
Dr. SANTOSH BHARAT RATHOD MBBS,DNB CONSULTANT RADIOLOGIST





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 nail: sjmhospital@yahoo.com / Website: sjmhospita



E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com (24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

Nor - Kumar

40 BOB

(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 Laproscopic & 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

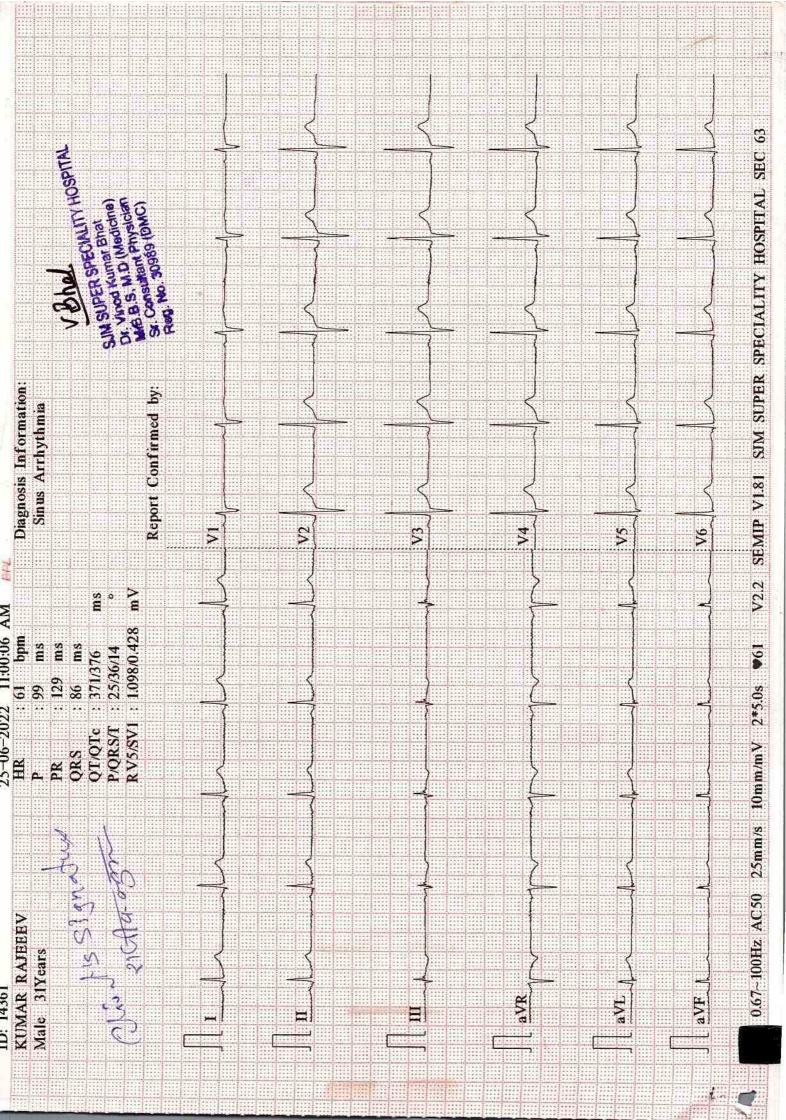
Physically and mentally

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



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

Panels: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Serices Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medicate TPA Service (I) Pvt. Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., Esst 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., Kotak Mahindra 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., Kotak Mahindra Insurance Co. Ltd. (Corporate), The New India Insurance Co. Ltd. (Corporate)





Ultrasound Report

Name: Mr. Kumar Rajeev

Age: 31/M

Date: 25/06/2022

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 show normal size, shape and homogeneous echopattern. 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 left side. **Right kidney shows renal concretions.**

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

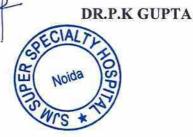
URINARY BLADDER:- Adequately distended. Wall were regular and thin. Contents are Normal. No stone formation seen.

PROSTATE: - Normal in shape and position. Parenchymal echotexture is normal.

IMPRESSION: -. Fatty liver grade 1. Right renal concretions.

DR.PUSHPA KAUL

For SJM Super Speciality Hospital













(100 Bedded Fully Equipped with Modern Facilities)

Sector-63, Noida, NH-9, Near Hindon Bridge Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

X-Ray Report

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|-------------|---------------------|----------------|----------------|-----------|-----------|
| Date | 25-06-2022 01:41 PM | Ref. Physician | DR. VINOD BHAT | Chest, CH | IEST |

X-RAY CHEST PA VIEW

OBSERVATION:

The lung fields are clear.

Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:

No significant abnormality seen.

Centre for Excellent Patient Care

Dr. SANTOSH BHARAT RATHOD MBBS, DNB CONSULTANT RADIOLOGIST





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Laboratory Report

| Lab Serial no. | : LSHHI222733 | | Mr. No | : 92589 | |
|--------------------|--------------------|--|--|---------------|----------|
| Patient Name | Mr. KUMAR RAJEEV | | Reg. Date & Time | : 25-Jun-2022 | 05:29 AN |
| Age / Sex | : 31 Yrs / M | | Sample Receive Date | : 25-Jun-2022 | 05:37 PI |
| Referred by | : Dr. SELF | | Result Entry Date | : 25-Jun-2022 | 07:02PM |
| Doctor Name OPD | : Dr. RMO : OPD | | Reporting Time | : 25-Jun-2022 | 07:03 P |
| | 6 | НАЕМАТО | LOGY | | |
| | · | results | unit 🖉 👌 | reference | 3 |
| BC / COMPLET | E BLOOD COUNT | and the second s | and a second sec | | |
| HB (Haemog | lobin) | 14.5 | gm/dl | 12.5 - 16 | .0 |
| TLC | 50/ | 7.8 | Thousand/mr | n 4.0 - 11.0 |) |
| DLC | . 21 | 1 | and the strength of the state o | | |
| Neutrophil | V) [| 66 | % | 40 - 70 | |
| Lymphocyte | 1 | 27 | % | 20 - 40 | |
| Eosinophil | | 05 | % | 01 - 06 | |
| Monocyte | | 02 | . % | 02 - 08 | |
| Basophil | | 00 | % | 00 - 01 | |
| R.B.C. | | 5.00 | Thousand / U | I 3.8 - 5.10 |) |
| P.C.V | | 44.2 | million/UI | 00 - 40 | |
| M.C.V. | | 88.4 | fL | 78 - 100 | |
| M.C.H. | | 29.0 | n mil pg n fei an m | 27 - 31 | |
| M.C.H.C. | | 32.8 | g/dl | 32 - 36 | |
| Platelet Coun | t | 1.76 | Lacs/cumm | 1.5 - 4.5 | |
| Comments: | | | ುರವಾರದ ಸಹಾಹಕ ಕು ಭಿಕಾ ಹೊಂಗಿಗೆ ಸಿಕ್ಕಿತಿ ಕಿಂದಿ | | |

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



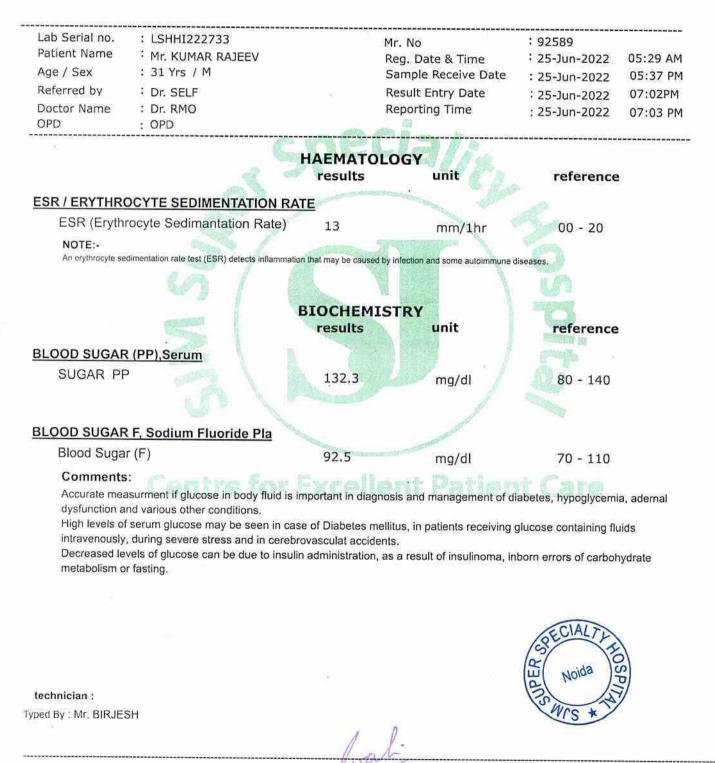
Dr. Swati Chandel Consultant Pathologist 39292 (MCI) Page 1



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Laboratory Report



Dr. Swati Chandel Consultant Pathologist 39292 (MCI) Page 1



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| Doctor Name | : Dr. RMO | | Reporting Time | : 25-Jun-2022 | 07:03 PM |
| OPD | : OPD | - A. | | | |
| | | віоснемі | STDY | | |
| | 1 | results | unit | reference | 1 |
| | | results | anne 🕹 🕼 | reference | |
| IPID PROFILE | Serum | Contraction of the second | and the second sec | | |
| S. Choleste | rol 🌏 🥖 | 227.0 | mg/dl | < - 200 | |
| HDL Choles | sterol | 38.5 | mg/dl | 35.3 - 79 | .5 |
| LDL Choles | terol | 150.0 | mg/dl | 50 - 150 | |
| VLDL Chole | esterol | 38.5 | mg/dl | 00 - 40 | |
| Triglyceride | anter 1 | 192.3 | mg/dl | 00 - 170 | |
| Chloestrol/H | IDL RATIO | 5.9 | % | Constitutes and | |
| Comment | | | | (Frida) | |

Comment:

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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technician : Typed By : Mr. BIRJESH



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

Page 1

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Laboratory Report

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| Referred by | Cr. SELF | | Result Entry Date | : 25-Jun-2022 | 07:02PM |
| Doctor Name OPD | : Dr. RMO : OPD | | Reporting Time | : 25-Jun-2022 | 07:03 PM |
| <u>KFT,Serum</u> | ్ | BIOCHEMIS | STRY | reference | Ĩ |
| Blood Urea | 0, | 14.1 | mg/dL | 18 - 55 | |
| Serum Crea | atinine | 0.77 | mg/dl | 0.7 - 1.3 | |
| Uric Acid | 200 | 7.7 | mg/dl | 3.5 - 7.2 | |
| Calcium | | 9.2 | mg/dL | 8.8 - 10.2 | |
| Sodium (Na | +) | 138.9 | mEq/L | 135 - 150 | |
| Potassium (| K+) . | 4.31 | mEq/L | 3.5 - 5.0 | |
| Chloride (Cl | | 100.2 | mmol/L | 94 - 110 | |
| BUN/ Blood | Urea Nitrogen | 6.59 | mg/dL | 7 - 18 | |
| PHOSPHO | RUS-Serum | 2.33 | mg/dl | 2.5 - 4.5 | |
| Commont | | | | | |

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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technician : Typed By : Mr. BIRJESH



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

Page 1

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Laboratory Report

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| Doctor Name OPD | : Dr. RMO : OPD | | Reporting Time | : 25-Jun-2022 | 07:03 PM |
| | <u></u> | BIOCHEMIS | | | |
| | | results | unit 🚺 | reference | |
| IVER FUNCTIO | N TEST,Serum | and the second s | and the second s | | |
| Bilirubin- To | tal 💦 🦯 🥖 | 0.45 | mg/dL | 00 - 2.0 | |
| Bilirubin- Dir | rect | 0.21 | mg/dL | 0.0 - 0.20 | |
| Bilirubin- Inc | direct | 0.24 | mg/dL | 0.2 - 1.2 | |
| SGOT/AST | | 68.6 | IU/L | 00 - 35 | |
| SGPT/ALT | 1000000 | 122.2 | · IU/L | 00 - 45 | |
| Alkaline Pho | sphate | 55.0 | U/L | 53 - 128 | |
| Total Proteir | | 7.35 | g/dL | 6.4 - 8.3 | |
| Serum Albu | min 🥂 🔪 🔪 | 4.39 | gm% | 3.50 - 5.2 | 0 |
| Globulin | | 2.96 | gm/dl | 1.8 - 3.6 | |
| Albumin/Glo | bulin Ratio | 1.48 | % | | |
| | | A CONTRACTOR OF THE OWNER OWNER OF THE OWNER | and the second | | |

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

Dr. Swati Chandel Consultant Pathologist 39292 (MCI)



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Laboratory Report

| Lab Serial No. | : LSHHI222733 |
|----------------|--------------------|
| Patient Name | : MR. KUMAR RAJEEV |
| Age/Sex | : 31 Yrs /M |
| Referred By | : SELF |
| Doctor Name | : Dr. RMO |
| OPD/IPD | : OPD |
| | |

Reg. No. Reg. Date & Time Sample Collection Date Sample Receiving Date ReportingTime

: 92589

: 25-Jun-2022 05:29 AM : 25-Jun-2022 05:37 PM : 25-Jun-2022 05:37 PM 25-Jun-2022 07:03 PM

URINE SUGAR (Fasting)

i

:

CHEMICAL EXAMINATION

Glucose

Nil

URINE SUGAR (PP)

CHEMICAL EXAMINATION

Glucose

Nil

Centre for Excellent Patient Care

Mr. BIRJESH

Dr. Swati Chandel Consultant Pathologist 39292 (MCI)





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Laboratory Report

Lab Serial No.: LSHHI222733Patient Name: MR. KUMAR RAJEEVAge/Sex: 31 Yrs /MReferred By: SELFDoctor Name: Dr. RMOOPD/IPD: OPD

Reg. No. Reg. Date & Time Sample Collection Date Sample Receiving Date ReportingTime

: 92589

: 25-Jun-2022 05:29 AM : 25-Jun-2022 05:37 PM : 25-Jun-2022 05:37 PM 25-Jun-2022 07:03 PM :

TEST NAME

ABO

Rh

NEGATIVE

VALUE

"A"

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

Dr. Śwati Chandel Consultant Pathologist 39292 (MCI)



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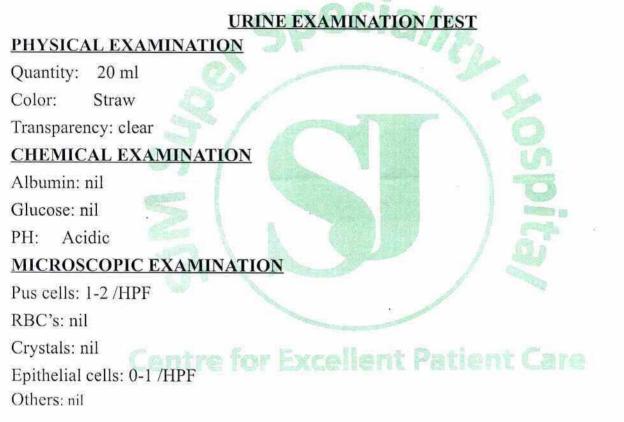
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| Referred By | : SELF |
| Doctor Name | : Dr. RMO |
| OPD/IPD | : OPD |
| (e | |

Rea. No. Reg. Date & Time Sample Receiving Date ReportingTime

: 92589

: 25-Jun-2022 05:29 AM Sample Collection Date : 25-Jun-2022 05:37 PM : 25-Jun-2022 05:37 PM 25-Jun-2022 07:03 PM



Mr. BIRJESH

Dr. Swati Chandel **Consultant Pathologist** 39292 (MCI)









| | : Mr. KUMAR RAJEEV | Registration No | 92982 |
|------------|--|-----------------|-----------------------|
| Age/Sex | : 31 Y/Male | Registered | : 25/Jun/2022 |
| Patient ID | : 012206250041 | Collection | : 25/Jun/2022 02:19PM |
| Barcode | : 10096144 | Received | : 25/Jun/2022 02:33PM |
| Ref. By | : Self | Reported | : 25/Jun/2022 03:41PM |
| SRF No. | 1. Contract (1. Co | Panel | : SJM Hospital |
| Aadhar No | i. | Passport No. | |

| Test Name | Value | Unit | Bio Ref.Interval | |
|------------------------------|-------------|------------------|------------------|--|
| | THYROID PRO | DFILE,(TFT)SERUM | | |
| T3 ,Serum | 159.00 | ng/dl | 69-215 | |
| T4 ,Serum ECLIA | 9.80 | ug/dL | 5.2-12.7 | |
| TSH(ultrasensitive) ECLIA | 1.6 | ulU/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 |

Tonatio

Dr. Jatinder Bhatia MD Pathology Director

Madeusmita Das

Dr. Madhusmita Das MD MICROBIOLOGY



1 leya Dr. Priyanka Rana MD Pathology



TNABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.









| Patient Name | : Mr. KUMAR RAJEEV | Registration No | · 97982 |
|--------------|--------------------|--------------------------|-----------------------------------|
| Age/Sex | : 31 Y/Male | | : 25/Jun/2022 |
| Patient ID | : 012206250041 | | : 25/Jun/2022 02:19PM |
| Barcode | : 10096144 | A Province of the second | : 25/Jun/2022 02:33PM |
| Ref. By | : Self | | : 25/Jun/2022 03:41PM |
| SRF No. | 수 생 편 [1] | | : SJM Hospital |
| Aadhar No | | Passport No. | ಜನಾವಿಸುದ್ದ ಕನ್ನಡ ಮಾಡಿದೆದ್ದು 20 |

| Test Name | | | Value | Unit | Bio Ref.Interval |
|--------------|--------------------|--------------------|----------------------------------|--|--|
| Decreased | Raised / Normal | Raised / Normal | Isolated Low 7 & associated v | TSH -especially in th vith Non-Thyroidal il | e range of 0.1 to 0.4 often seen in elderly |
| | | | Subclinical Hy | | |
| | | | Thyroxine inge | stion" | |
| Decreased | Decreased | Decreased | Central Hypoth | nyroidism | |
| | | | Non-Thyroidal | illness | |
| | | | Recent treatme | ent for Hyperthyroidi | sm (TSH remains suppressed)" |
| Decreased | Raised | Raised | | | disease), Multinodular goitre, Toxic nodule |
| | | | Transient thyro | iditis:Postpartum, Sil s,subacute, DeQuerva | ent (lymphocytic), Postviral ain's),Gestational thyrotoxicosis with |
| Decreased or | Raised | Within range | T3 toxicosis | | |
| Within range | | | Non-Thyroidal | illness | |

TSH(µIU/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 ***

Tonatio

Dr. Jatinder Bhatia MD Pathology Director

Madhusnita Das

Dr. Madhusmita Das MD MICROBIOLOGY



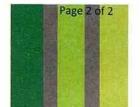
1 leya

Dr. Priyanka Rana MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.









| Patient Name | : Mr. KUMAR RAJEEV | Registration No | : 92982 |
|--------------|--------------------|-----------------|-----------------------|
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| Barcode | : 10096144 | Received | : 25/Jun/2022 02:33PM |
| Ref. By | : Self | Reported | : 25/Jun/2022 03:41PM |
| SRF No. | | Panel | : SJM Hospital |
| Aadhar No | 4 | Passport No. | |

| Test Name | Value | Unit | Bio Ref.Interval |
|--|-------------------------|--------------------------------|------------------|
|) | HbA1C(Glycosylate | ed Hemoglobin);ED | DTA |
| Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric | 5.80 | % | |
| Average Glucose Calculated | 119.76 | mg/dL | <125.0 |
| nterpretation: AS PER AMERICAN DIABETES ASSOCIATION (ADA) | | | |
| REFERENCE GROUP | HbA1c IN % | | |
| NON DIABETIC ADULTS >=18 YEARS | <5.7 | | |
| AT RISK (PREDIABETES) | 5.7-6.4 | | |
| DIAGNOSING DIABETES | >= 6.5 | | |
| THERAPEUTIC GOALS FOR GLYCEMIC CONTR | ACTION SU AGE <19 YE | IERAPY: <7.0 GGESTED: > 8.0 | |

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 compliace 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 HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled. 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

Dr. Jatinder Bhatia MD Pathology Director

Madhusmita das

Dr. Madhusmita Das MD MICROBIOLOGY



Dr. Priyanka Rana MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.









| Patient Name | : Mr. KUMAR RAJEEV | Registration No | : 92982 |
|--------------|--------------------|-----------------|-----------------------|
| Age/Sex | : 31 Y/Male | Registered | : 25/Jun/2022 |
| Patient ID | : 012206250041 | Collection | : 25/Jun/2022 02:19PM |
| Barcode | : 10096144 | Received | : 25/Jun/2022 02:33PM |
| Ref. By | : Self | Reported | : 25/Jun/2022 03:41PM |
| SRF No. | ŧ. | Panel | : SJM Hospital |
| Aadhar No | 1 | Passport No. | |

Test Name

Value

Unit

Bio Ref.Interval

patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be

appropiate.

4. High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications

5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

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 gycemic control.

7. Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red

cells.

*** End Of Report ***

Dr. Jatinder Bhatia MD Pathology Director

Madeuswitz Das

Dr. Madhusmita Das MD MICROBIOLOGY

CIAL Dr. Priyanka Rana MD Pathology Noida

Page 2 of 2



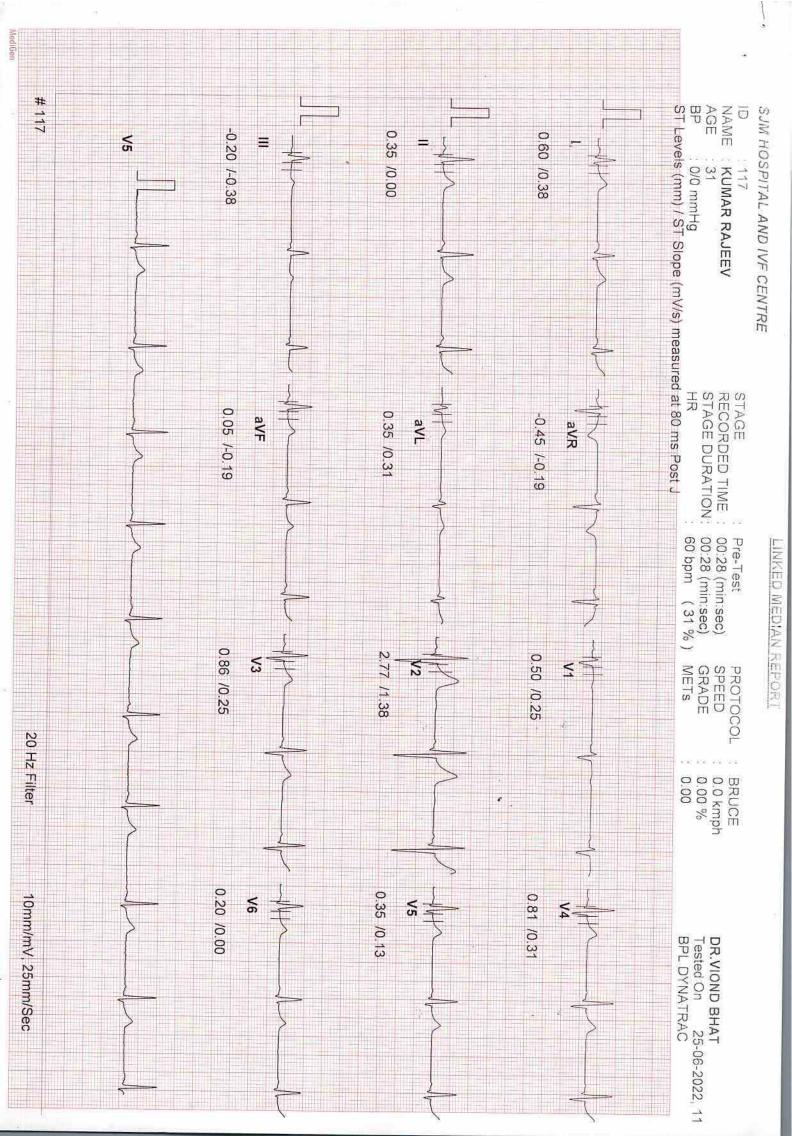
NABL ACCREDITED & ICMR APPROVED FOR COVID-19

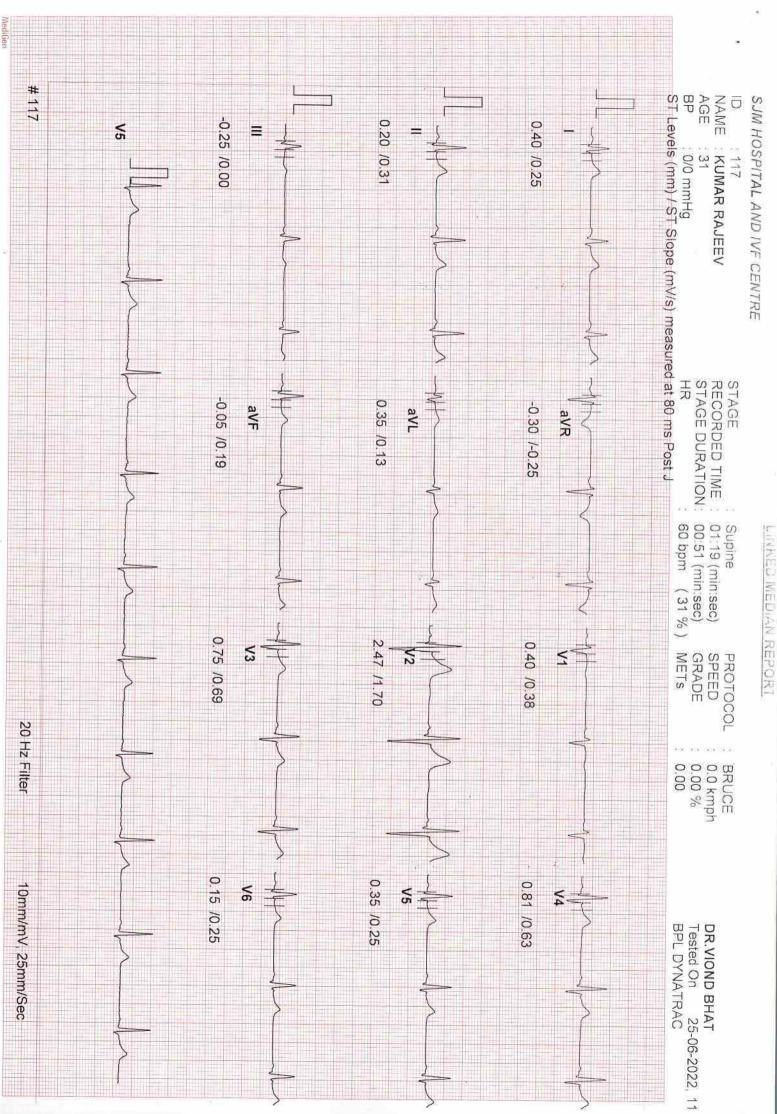
360 Diagnostics & Health Services Pvt. Ltd.

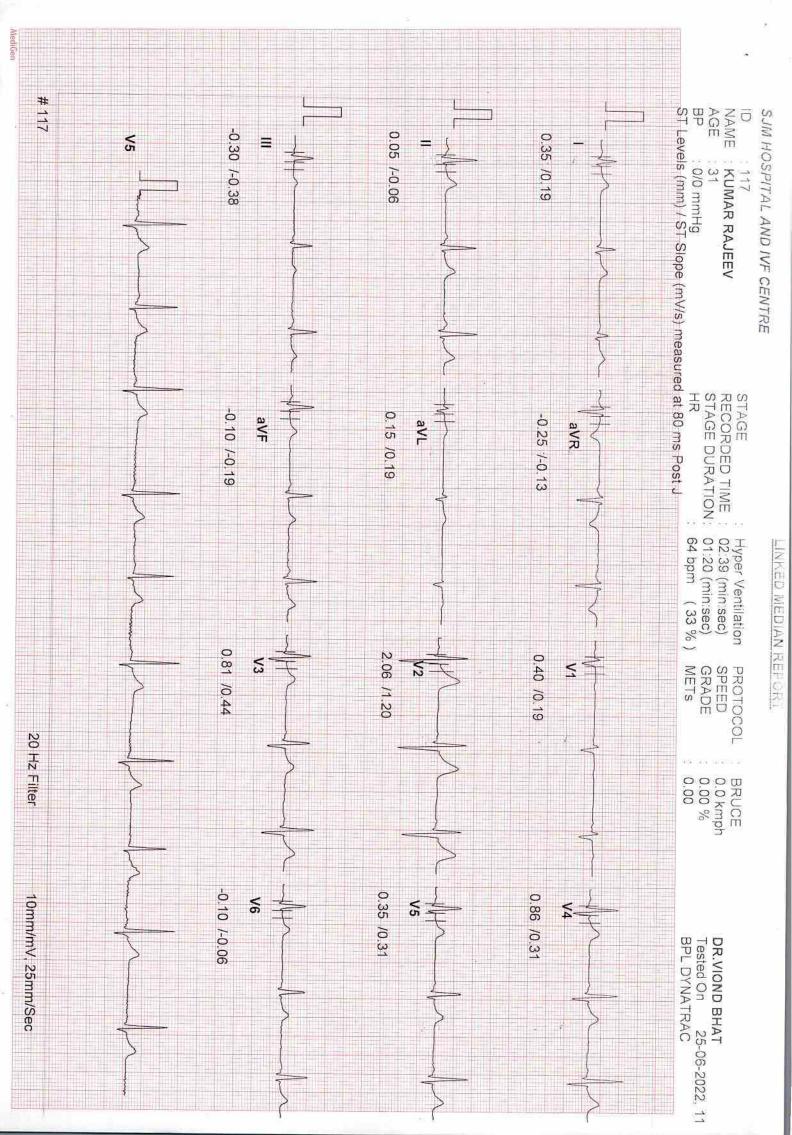
| | 42 BPI DYNATRAC | Tested On 25-06-2022, 11:46:42 | #117 |
|---|---|--|----------|
| Signature | | | |
| Confirmed By : | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Iscriemia CAD Probability low. | | |
| r fresh reversible myocardial | Good effort tolerance, no reproduction of symptoms test is negative for fresh reversible myocardial | EXTRA COMMENTS | EXIRAC |
| | stress rest is Negative for Inducible Ischemia. | | |
| | 1 | | FINIAL |
| | Normal. | CHRONO RESPONSE | CHRON |
| | Normal. | HAEMO RESPONSE | HAEMO |
| | Yes. | EXERCISE INDUCED ARRHYTHMIAS | EXERC |
| Convision on | Good (> 10 METS). | EXERCISE TOLERANCE | EXERC |
| No Nous Non Mar | Max HR. | REASON FOR TERMINATION | REASC |
| inter 1's | X - Ray. | OTHER INVESTIGATION | OTHER |
| SI-Consumation (IDMC) | Very Active. | 1TY : | ACTIVITY |
| Dr. Vinod Kuma (Medicine) | Obese. High Stress Job. Tobacco Chewer. | RISK FACTOR | RISK F |
| SUPER SPECIALITY HUS | Routine Check Up. | OBJECT OF TEST | OBJEC |
| incepITAL | NA | MEDICATION | MEDIO |
| | NA | CASE HISTORY | CASE |
| REF BY DR.VIOND BHAT DONE BY TECHNICIAN | HEIGHT (cm) 174 WEIGHT (kg) 84 PROTOCOL BRUCE | ID : 117 NAME : KUMAR RAJEEV AGE / SEX : 31 / MALE | NAME |
| RYREPORT | PATIENT SUMMARY | SJM HOSPITAL AND IVF CENTRE | SJM F |
| | | | |

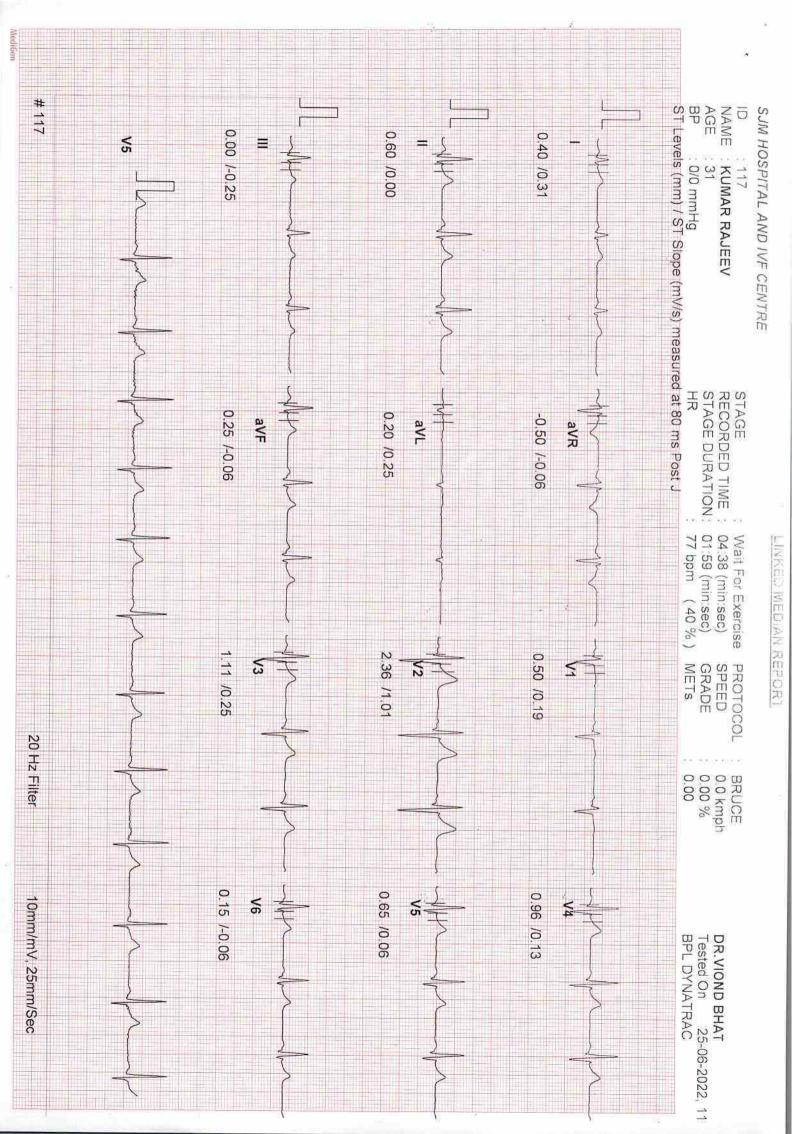
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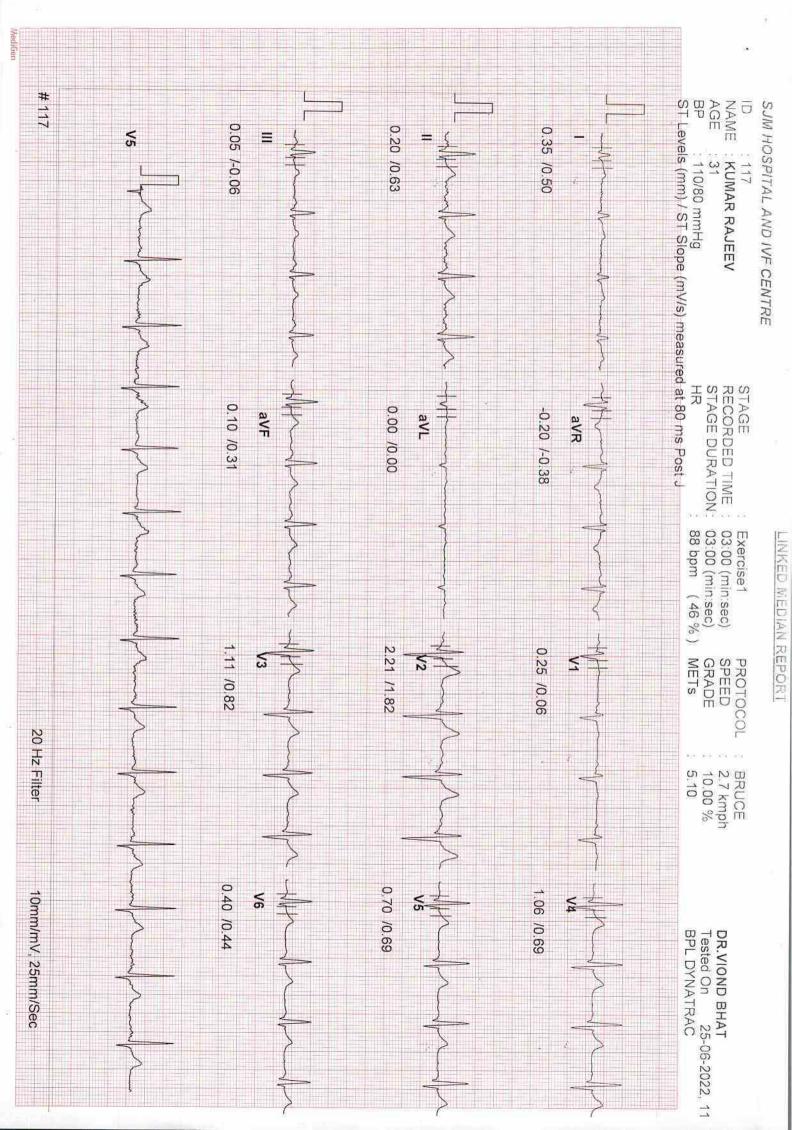
BPL DYNATRAC

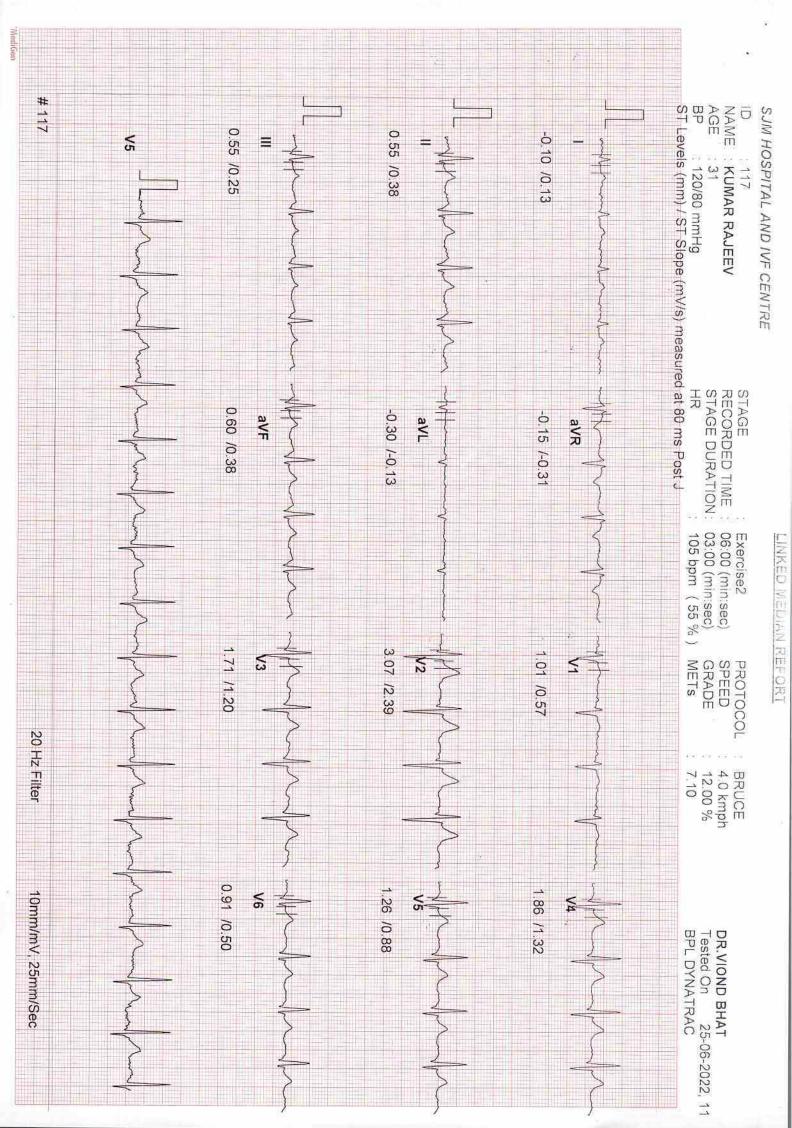


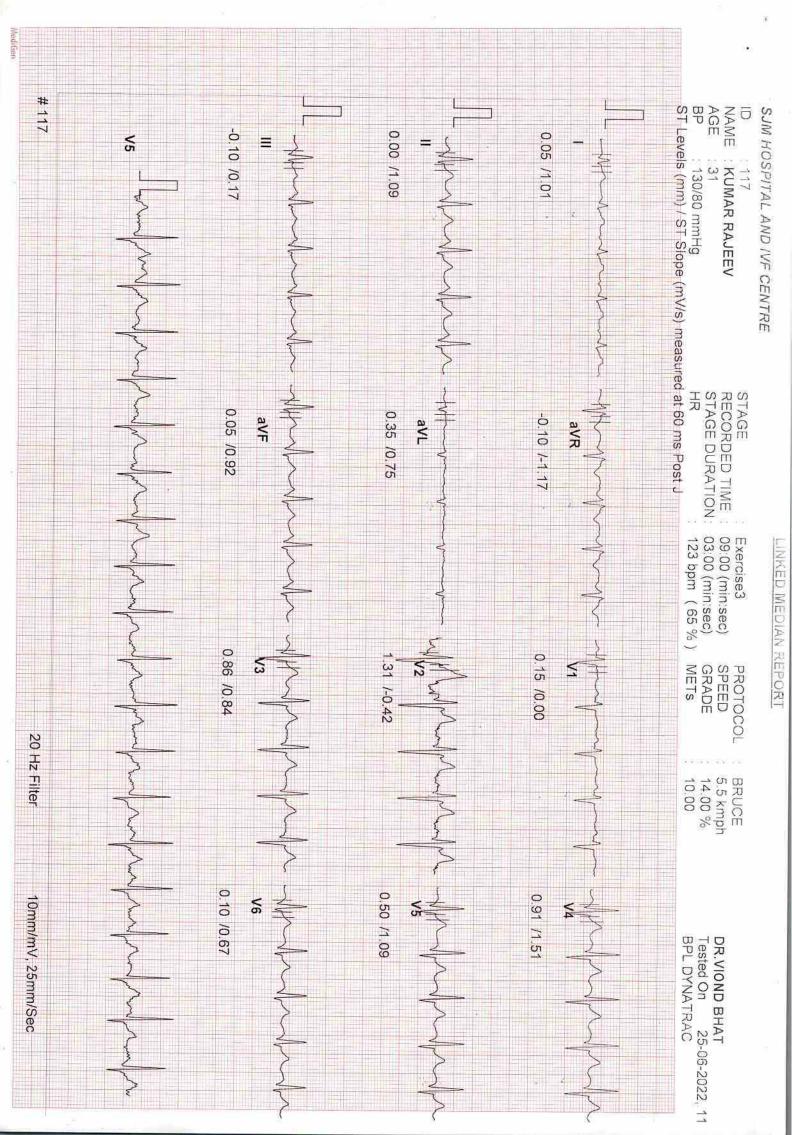












| | | | | # 117 |
|---|---|---|---------------------|--|
| may my my my | man produce | my my my my | Jour Jour Jour Jour | V5 Jan Mary Mary |
| -0.96 /1.26 | | 0.15 /1.93 | -1.46 /1.17 | -1.36 /0.17 |
| Se Altra Altra | - Andrah | July why | aVE | - Alfordandhandhandhan |
| -0.35 /2.01 | | 2.16 /1.93 | 0.81 /0.59 | -1.41 /2.10 |
| m when he we | alon march | mur will what we | A white your work | "My Mandal |
| 0.10 /2.18 | | 0,15 /1.01 | 0.40 /-1.09 | 0.35 /1.43 |
| - Why May | Jun | Monthly white | avr avr | - |
| DR.VIOND BHAT Tested On 25-06-2022, 11 BPL DYNATRAC | 6.8 kmph 14.00 % | 02:53 (min:sec) SPEED 02:53 (min:sec) GRADE 160 bpm (84 %) METs | о М И | NAME : KUMAR RAJEEV AGE 31 BP : 140/90 mmHg ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J |
| | | ANTINATONAL DUCTOO | OTAGE EV | ID 117 |

| 10mm/m// 05mm/000 | | | # 117 |
|---|--|------------------|---|
| and my my my | and my and my and my | have my my my my | V5 - Ward and ward and many many |
| | | L-N/H-N/-N/-N/ | |
| | o. so is.oz. | 0.25 /0.00 | 0.75 /3.77 |
| 1.76 /3.69 | -0.05 /0.34 -0.05 /0.34 | 1-1.41 /-3.10 | |
| DR.VIOND BHAT Tested On 25-06-2022, 11 BPL DYNATRAC | Recovery 1 PROTOCOL BRUCE 00:59 (min:sec) SPEED 00:59 (min:sec) GRADE 00:00 % 173 bpm (91 %) METs 0.00 % | 0 Z Z | SJM HOSPITAL AND IVF CENTRE ID : 117 NAME : KUMAR RAJEEV AGE : 31 BP : 140/90 mmHg ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J |

