W- 93 Kg Ht - 100 CAM BP- 140/90 mm Hay full- 76 ml TOR TEXICLE REF 1988-8 MEHIKAR प्रारूप-६ (नियम १६(१) देखिये) छ: से.मी. आठ से.मी. के आकार के पुस्तक में मुद्रिन किया जाना है चालान अपुताप का प्रारूप अनुज्ञप्ति का धारक का नार (अनुजापन अधिकारी की मुहर और उसके इस्तामा का एक माग फोटोब्राफ पर और एक भाग चारान अनुजान पर होना प्रति का पुत्र/की पत्ती/की पुत्री अनुहारित धारक के नमूना चालन अनुज्ञीत् संख्या हस्ताक्षर/अगूंठा निशान जारी किये जाने की तिथि नाम 🐣 का पुत्र/की पत्नी/की पुत्री "जीवन बहुमूल्य हैं" अस्थाई पता/सरकारी पता (यदि कीई हो) स्थाई पता १७७ ७ - २०० विकास लहा जा है है ट फिर सड़क भार को जन्म की तारीख Hew अनुहारित के धारक को निम्नतिखित बाहनों को भारत में सर्वत्र प्रलाने की अनुहारित वी जाती शैक्षिक योग्यता कृपया लाइसेंस नम्बर बिना गियर वाली मोटर साइकिल व तिथि नोट कर ले गियर वाली मोटर साइकिल इन वैलिड गाड़ी हल्का मोटर वाहन परिवधन यान निम्नीलीखत वर्णन का मोटर वाहन विधिमान्य है परिवहन वाहन से भिन्न उस अधिकारी का नाम और पदाभियान जिसने हुन है अनुहाएन प्राधिकारी के चालन परीक्षण लिया है। ट्रे स्ताक्षर भीर उसका पदाभिया Noida



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Laboratory Report

Lab Serial no. : LSHHI226770 : 93945 Mr. No Patient Name : Mr. SAURABH GAUTAM Reg. Date & Time : 14-Aug-2022 09:44 AM Age / Sex : 40 Yrs / M Sample Receive Date : 14-Aug-2022 09:55 AM Referred by : Dr. SELF Result Entry Date 12:08PM : 14-Aug-2022 Doctor Name : Dr. BHUPENDER BHATI Reporting Time : 14-Aug-2022 12:08 PM : OPD

The second secon	results	unit	reference
CBC / COMPLETE BLOOD COUNT	A STATE OF THE PARTY OF THE PAR	The same of	
HB (Haemoglobin)	14.5	gm/dl	12.5 - 16.0
TLC STATE OF THE S	6.5	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	52	%-	40 - 70
Lymphocyte	38	%	20 - 40
Eosinophil	08	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.39	Thousand / UI	3.8 - 5.10
P.C.V	46.3	million/UI	00 - 40
M.C.V.	85.9	fL	78 - 100
M.C.H. Centre for	26.8	pg 4 and 4	27 - 31
M.C.H.C.	31.3	g/dl	32 - 36
Platelet Count	1.65	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

Noida Noida Noida

Dr. Bupinder Zutshi

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



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Laboratory Report

Lab Serial no. Patient Name : LSHHI226770

: Mr S

: Mr. SAURABH GAUTAM

: 40 Yrs / M

Referred by Doctor Name

Age / Sex

Dr. SELF
Dr. BHUPENDER BHATI

OPD : OPD

Mr. No

Reg. Date & Time

93945

: 14-Aug-2022 09:44 AM

Sample Receive Date

: 14-Aug-2022 (

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Result Entry Date

: 14-Aug-2022

01:47PM

Reporting Time

: 14-Aug-2022

12:08 PM

HAEMATOLOGY

results

unit

reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)

20

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)

112.8

ma/dl

70 - 110

Comments:

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

technician:

Typed By : Mr. BIRJESH

foot

Page 1

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

Dr. Swati Chandel Consultant Pathologist 39292 (MCI)



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BIOCHEMISTRY

results unit reference

IVER FUNCTION TEST, Serum

ER FUNCTION TEST, Serum	The state of the s	C.	
Bilirubin- Total	0.48	mg/dL	00 - 2.0
Bilirubin- Direct	0.21	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.27	mg/dL	0.2 - 1.2
SGOT/AST	41.0	IU/L	00 - 35
SGPT/ALT	49.4	IU/L	00 - 45
Alkaline Phosphate	110.1	U/L	53 - 128
Total Protein	6.94	g/dL	6.4 - 8.3
Serum Albumin	4.35	gm%	3.50 - 5.20
Globulin	2.59	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.68	%	
- Inter-section and the consequence of the consequence of	The second second	ST. ST. ST.	

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

SPECIAL TA HOSA Noida

Page 1

Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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



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	~		-	B 75		-
		-	- 1	<i>^</i>	_	\mathbf{v}
-	~					RY

unit

results

LIPID PROFILE, Serum	A STATE OF THE PARTY OF THE PAR	The same of the sa	
S. Cholesterol	215.0	mg/dl	< - 200
HDL Cholesterol	47.4	mg/dl	35.3 - 79.5
LDL Cholesterol	147.9	mg/dl	50 - 150
VLDL Cholesterol	19.7	mg/dl	00 - 40
Triglyceride	98.5	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.5	%	
INTERPRETATION:			and the second

Lipid profile OF lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

Centre for Excellent Patient Care

technician:

Typed By : Mr. BIRJESH

SO ECIALTA HOSO Noida Noida

reference

Page 1

Dr. Swati Chandel Consultant Pathologist 39292 (MCI) Dr. Bupinder Zutshi (M.B.B.S., MD) Pathologist & Micrbiologist



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Laboratory Report

Lab Serial no.

: LSHHI226770

Mr. No

: 93945

Patient Name

: Mr. SAURABH GAUTAM

Reg. Date & Time

: 14-Aug-2022 09:44 AM

Age / Sex

: 40 Yrs / M

Sample Receive Date

: 14-Aug-2022 09:55 AM

Referred by

: Dr. SELF

Result Entry Date

: 14-Aug-2022 03:40PM

Doctor Name OPD

: Dr. BHUPENDER BHATI : OPD

Reporting Time

: 14-Aug-2022

03:40 PM

results

reference

BLOOD SUGAR (PP), Serum

SUGAR PP

162.8

BIOCHEMISTRY

mg/dl

unit

80 - 140

Comments:

Accurate measurement if 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

Centre for Excellent Patient Care

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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Web.: www.simhospital.com

Laboratory Report

Patient Name

Lab Serial No. : LSHHI226770

: MR. SAURABH GAUTAM

Age/Sex

: 40 Yrs /M

Referred By Doctor Name

: SELF : Dr. BHUPENDER BHATI

OPD/IPD

: OPD

Reg. No.

: 93945

Reg. Date & Time Sample Collection Date

: 14-Aug-2022 09:44 AM : 14-Aug-2022 09:55 AM Sample Receiving Date : 14-Aug-2022 09:55 AM

ReportingTime

14-Aug-2022 12:08 PM

TEST NAME

ABO

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 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.

URINE SUGAR (Fasting)

CHEMICAL EXAMINATION

Glucose

URINE SUGAR (PP)

ntre for Excellent Patient Care

CHEMICAL EXAMINATION

Glucose

Nil

Mr. BIRJESH

Consultant Pathologist

Dr. Bupinder Zutshi (M.B.B.S., MD)

Pathologist & Microiologist 14-08-2022

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



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Laboratory Report

Lab Serial No.

: LSHHI226770

Patient Name

: MR. SAURABH GAUTAM

Age/Sex Referred By : 40 Yrs /M : SELF

Doctor Name

: Dr. BHUPENDER BHATI : OPD

OPD/IPD

Reg. Date & Time Sample Collection Date

ReportingTime

: 14-Aug-2022 09:44 AM : 14-Aug-2022 09:55 AM

Sample Receiving Date : 14-Aug-2022 09:55 AM

14-Aug-2022 03:40 PM

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

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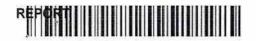
Note:-

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. Bupinder Zutshi (M.B.B.S., MD) Pathologist & Micrbiologist 14-08-2022

Consultant Pathologist 39292 (MCI) http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx







DIAGNOSTICS

Patient Name : Mr. SAURABH GAUTAM

Age/Sex

: 40 Y/Male

Patient ID

: 012208140064

Barcode

: 10107859

Ref. By

: Self

SRF No.

Aadhar-Nation : - Indian

Registration No : 103050

Registered

: 14/Aug/2022

Collection Received

: 14/Aug/2022 03:38PM

Reported

: 14/Aug/2022 04:00PM

: 14/Aug/2022 06:25PM

Panel

: SJM Hospital

Passport No.

Test Name

Value

Unit

Bio Ref.Interval

HbA1C(Glycosylated Hemoglobin); EDTA

Hb A1C, GLYCOSYLATED Hb .EDTA

Particle enhanced immunoturbidimetric

5.90

122.63

%

ma/dL

<125.0

Average Glucose Calculated

Interpretation: 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 CONTROL	AGE > 19 YEARS GOAL OF THERAPY: <7.0 ACTION SUGGESTED: > 8.0 AGE <19 YEARS GOAL OF THERAPY: <7.5

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

Theatis Dr. Jatinder Bhatia MD Pathology Director

Dr. Madhusmita Das MD MICROBIOLOGY

Madhusmita Sas

Dr. Priyanka Rana MD Pathology

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360 Diagnostics & Health Services Pvt. Ltd.

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









DIAGNOSTICS

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Age/Sex

: 40 Y/Male

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Panel

: SJM Hospital

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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

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

Dr. Madhusmita Das MD MICROBIOLOGY

Madeusmita Las

Dr. Priyanka Rana MD Pathology

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: 14/Aug/2022 05:18PM

Panel

: SJM Hospital

Passport No.

Test Name

Value

Unit

Bio Ref.Interval

THYROID PROFILE, (TFT) SERUM

T3, Serum

T4 ,Serum ECLIA

TSH(ultrasensitive)

ECLIA

118.00

8.70

2.9

ng/dl

69-215

ug/dL

ulU/mL

5.2-12.7

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
District 1			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 vithin range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti- epileptics



Dr. Jatinder Bhatia MD Pathology Director

Madhusmita Sasi

Dr. Madhusmita Das MD MICROBIOLOGY

Dr. Priyanka Rana MD Pathology

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Panel

: SJM Hospital

Passport No.

Test Name			Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low & 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 Hypotl	The state of the s	
			Non-Thyroida	illness	
			Recent treatme	ent for Hyperthyroidis	sm (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyper	thyroidism (Graves'	disease), Multinodular goitre, Toxic nodule
			Transient thyro	oiditis:Postpartum, Silo s,subacute, DeQuerva	ent (lymphocytic), Postviral in'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 ***

Dr. Jatinder Bhatia MD Pathology Director

Madhumita Sasi Dr. Madhusmita Das

MD MICROBIOLOGY



Dr. Priyanka Rana MD Pathology

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Age/Sex

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: 14/Aug/2022 05:18PM

0.0 - 5.5

Panel

: SJM Hospital

Passport No.

ng/mL

Test Name	Value	Unit	Bio Ref.Interval
PSA TOTAL ,Serum	0.30	na/ml	0.0 5.5

Interpretation:

The major site of PSA production is the glandular epithelium of the prostate. Low levels of PSA are found in the blood as a result of leakage of PSA from the prostate gland. Increasing levels of serum PSA are associated with prostatic pathology, including prostatitis, begin prostatic hyperplasia (BPH), and cancer of the prostate. Early diagnosis of carcinoma of the prostate is hindered by the lack of symptoms in man with localized tumors therefore, early detection requirs a simple, safe and inexpensive test for the disease in asymptomatic men. Several studies have shown that the measurement of serum PSA concentration offers several advantages in the early detection of prostate cancer.

Scrum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer. Elevated concentration of PSA may be observed in the serum of patients with benign prostatic hypreplasia or other nonmalignant disorders as well as in prostate cancer. The PSA value should be used inconjunction with information available from clinical evaluation and other diagnostic procedures such as DRE. Some early cases of prostate cancer will not be detected by PSA testing ;the same is true for DRE. Prostatic biopsy is required for the diagnosis of cancer

*** End Of Report ***

Dr. Jatinder Bhatia MD Pathology Director

Madhusmita Sas Dr. Madhusmita Das MD MICROBIOLOGY

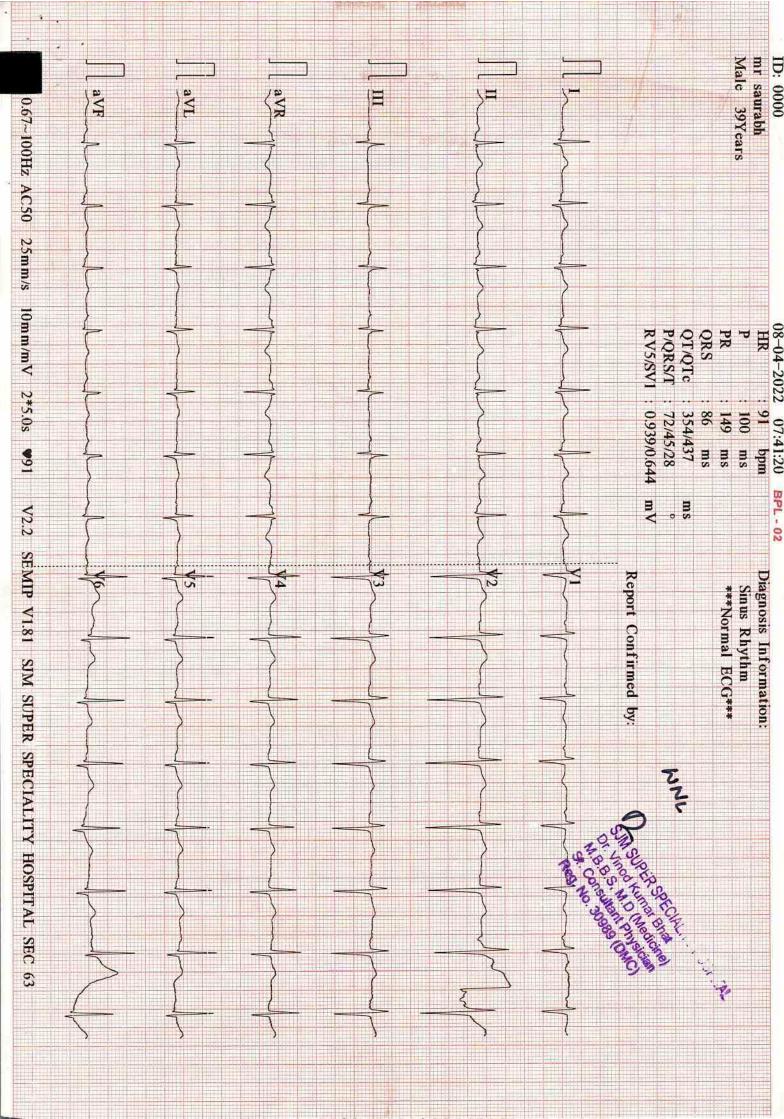
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SJM SUPER SPECIALITY HOSPITAL, IVF & TRAUMA CENTRE



(125 Bedded Fully Equipped with Modern Facilities)

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X-Ray Report

Patient ID.	19802 OPD	Name	MR SAURABH GAUTAM	Sex/Age	M/40Y
Date	15-08-2022 10:05 AM	Ref. Physician	SELF	CHEST, C	HEST

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

A STAND

Dr. SANTOSH BHARAT RATHOD MBBS, DNB CONSULTANT RADIOLOGIST



1 NAME SAURABH GAUTAM AGE/SEX 40 / MALE SJM HOSPITAL AND INFICENTRE EXTRA COMMENTS FINAL IMPRESSION CHRONO RESPONSE EXERCISE INDUCED ARRHYTHMIAS EXERCISE TOLERANCE OTHER INVESTIGATION HAEMO RESPONSE REASON FOR TERMINATION ACTIVITY RISK FACTOR OBJECT OF TEST MEDICATION CASE HISTORY Yes. Stress Test is Negative for Inducible Ischemia Negative Hypertensive Moderate (< 10 METS) Max HR Moderate Active Hypertension. Routine Check Up HEIGHT (cm)
WEIGHT (kg)
PROTOCOL Negotive P AND SOUND TO SOUND TO SOUND SO Confirmed By DONE BY TECHNICIAN : Hari Signature DR V OND BHAT

#

130

Tested On 14-08-2022, 12:02:45

BPL DYNATRAC

Page No.: 1

PATIENT ID PATIENT NAME: 130 SAURABH GAUTAM BRUCE

DR.VIOND BHAT
Tested On 14-08-2022, 12:02:45
BPL DYNATRAC

SILEVEL	(mm) Pre-Te	Supine	Нурет	Wait E	Exercise 1	Exercise 2	Peak E	Peak E	Recov	Recovery 2	Recovery 3	Recovery 4
	0.00		Hyper Ventilation	Wait For Exercise	SC _	se 2	Peak Exercise	Peak Exercise	егу 1	ery 2	ery 3	ery 4
	I	1.0	140	© (5,	0.3	0.2	0.1	0.1	0.2	0.9	0.2	0.4
	Ū,	0.9	0.7	0.5	0.0	-0.3	-0.7	-0.7	-0.9	0.9	0.4	0.4
	0,1	-0.2	-0.1	0,0	-0.3	-0.7	1,0	-1:0		9.1	<u>0</u>	-0.2
NV _E	-1.2	-0.8	-0.8	-0.5	-0.1	0.1	0.5	0.5	0.2	-0.9	-0.3	-0.4
aVI	0.5	0.6	0,5	0.3	0.3	0.4	0,5	0.5	0.7	0.4	0.2	0.3
aVF	0.8	0.4	0.3	0.3		-0.6	.0.9	-0.9	0.9	0.5	0.3	0.2
¥.	-0.5	-0.1	-0.3	-0.2	-0.1	-0.3	; <u>+</u>	i	<u>+</u>	-0.1	-0.2	0.1
ςγ	1.1	<u>.</u>	5	0.6	0.6	0.1	-0.7	-0.7	-0.8	2.0	0.6	1.0
V3 F	11	1.3	0.9	0.6	0.6	-0.T	-0.6	-0.6	-1.0	1.8	0.6	. 0.8
V3 V4	1.2		0.9	0.5	0.5	-0.2	-1.0	-1.0	-1.0	. 1.5	0.4	0.3
<u></u> €	12	0.9	0.7	0.5	Ç.00.3	-0.5	-0.4	-0.4	-0.9	1.2	0.3	9
V6	1.0	0.7	0.6	0.5	0.3	-0.4	-0,4	-0.4	-0.5	0.8	0.1	0.0

#130

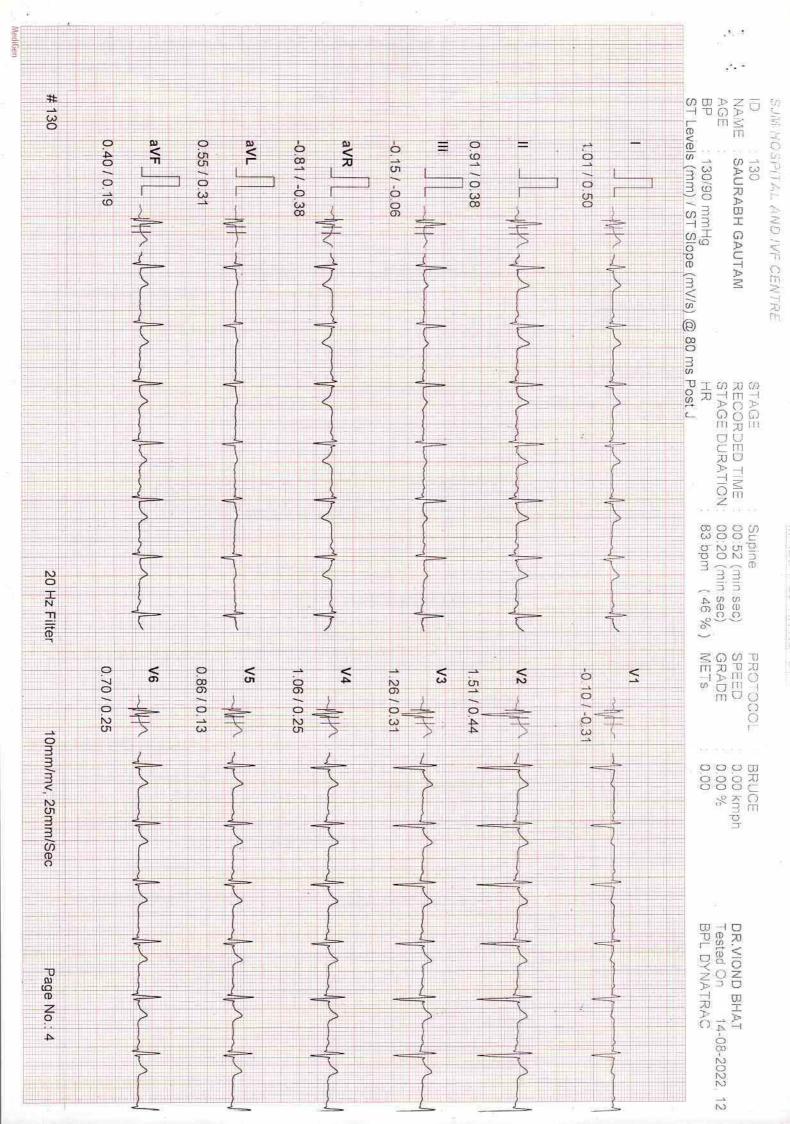
ST @ 10mm/mv

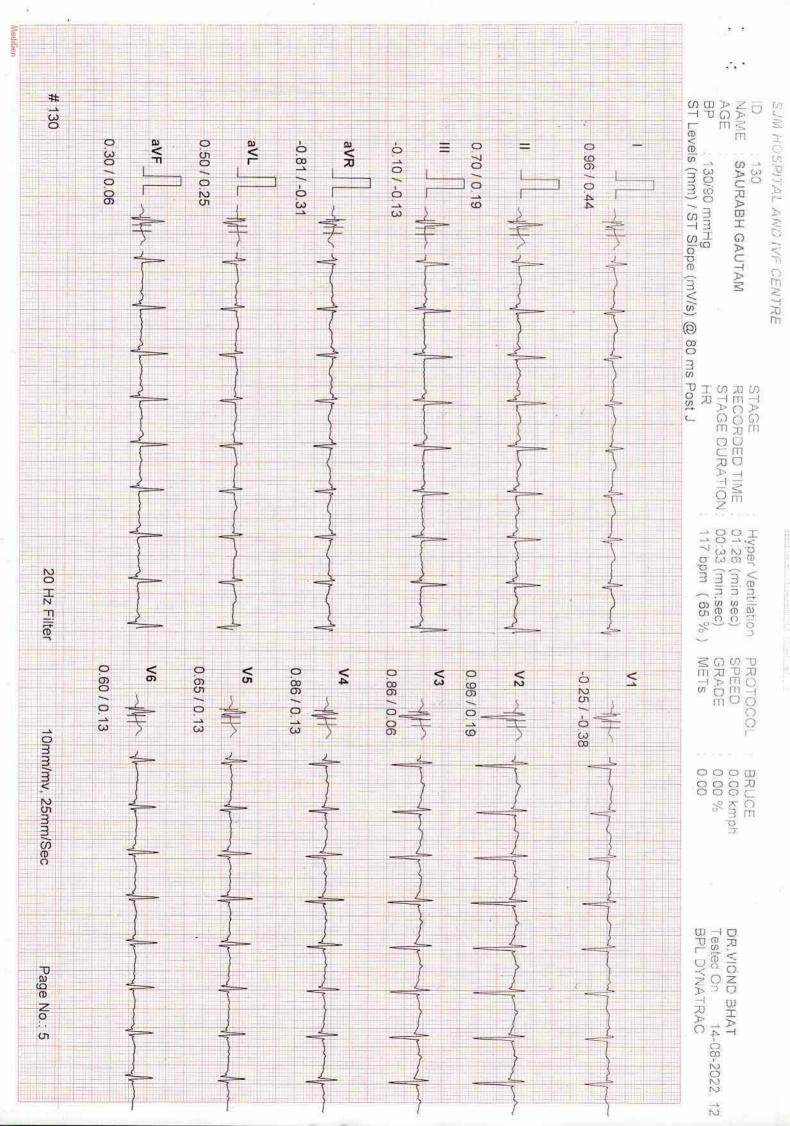
Page No.: 1

Sage			E	aVR	aVL	aVII	<u><</u>	V2	¥3	V.4
Pre-Test	0.3	9,	+0.2	F)	0.3	0.1	-0.3	0.4	9,1	0
Supine	0.2	0.4	-0.3	-0.4	0.3	0,2	-0.3	0,4	0.3	0.3
Hyper Ventilation	0,4	0.2	-0.]	-03	0.3	0,1	-0,4	0.2	0.1	0,1
Wait For Exercise	0.4	0.3	-0.1	-0.3	0,3	0.1	-0.3	0.3	0	9
Exercise 1	0.7	0.3	-0.5	-0.3	0.4	-0.3	-0.2	0.4	0.4	0.4
Exercise 2	0.7	0.8	-0.1	-0.7	0.3	0.3	-0.4	0.7	0.3	0.3
Peak Exercise	0.7	5	0.3	-0.8	0.2	0.7	-0.6	0.8	1.0	0.9
Peak Exercise	0.7	1.5	0.3	-0.8	0.2	0.7	-0.6	0.8	1.0	0.9
Recovery I	0.9	1.6	8.0	-1:3	0.3 .	1.6	-0.4	1	11.0	
Recovery 2	1.4	1.9	8.0	-1.5	0.3	1.4	-0.4	2.1	2.1	2.0
Recovery 3	0.4	0.9	0.4	-0.6	0.1	0.6	-0.4	0.7	0.7	0.7
Recovery 4	0.4	0.7	0.2	-0.4	0.2	0.4	- ::	0.6	0.5	0.4

# 130	0.00 / -1.#J	aVF	aVL L	aVR	0.00 / -1,#J	0.00.7-1.#J	0.00/-1.#J.	ID 130 NAME SAURABH GAUTAM AGE BP : 0/0 mmHg ST Levels (mm) / ST Slope (m)
20 Hz Filter		Indulated the						STAGE RECORDED TIME 00:11 (min:sec) STAGE DURATION: 00:11 (min:sec) HR V/s) @ 0 ms Post J
10mm/mv, 25mm/Sec Page No.: 2	0.007-1.#J	V6 — — — — — — — — — — — — — — — — — — —	0.00 / -1.#J	0.001-1.#J	0.001-1.#J	V2	0.00 / -1.#J	SPEED 0.00 kmph DR.VIOND BHAT GRADE 0.00 % Tested On 14 BPL DYNATRAC

#130	0.75/0.13	aVF MA	0.50 / 0.25	aVL	aVR	0.107-0.19		1.26 / 0.31		1,06 / 0.31		SJM HOSPITAL AND IVF CENTRE ID 130 NAME SAURABH GAUTAM AGE BP 130/90 mmHg ST Levels (mm) / ST Slope (mV/s) @ 80 ms
20 Hz Filter							mandandan dan dan dari		I A MANAGEMENT AND A STATE OF THE STATE OF T	x.		STAGE STAGE STAGE RECORDED TIME: 00:27 (min:sec) STAGE DURATION: 00:27 (min:sec) HR HR 100 Ms Post J 100 Ms Post J 100 Ms Post J
r 10mm/mv, 25mm/Sec	1.01 / 0.13	V6	1.16 / 0.06	v5	1.21/0.13	1.06 / 0.13	v3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1.06/0.38	V2	-0.50 / -0.31	V1	PROTOCOL BRUCE SPEED 0.00 kmph GRADE 0.00 % METs 0.00
Page No.: 3								-		- *		DR.VIOND BHAT Tested On 14-08-2022, 12 BPL DYNATRAC





# 130 20 Hz Filter	ave I when the many that the first of the second of the se	aVL	aVR	-0.70/0.00 -0.70/ Junty	-0.75/1,43		SJM HOSPITAL AND IVF CENTRE STAGE STAGE NAME SAURABH GAUTAM RECORDED TIME 08:21 (min sec) STAGE NAME SAURABH GAUTAM STAGE DURATION: 00:01 (min sec) HR ST Levels (mm) / ST Slope (mV/s) @ 60 ms Post J
10mm/mv, 25mm/Sec Page No.: 8	V6 → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 →	V5 0.45 / 0.84	-0.70/0.34 AMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	V3	V2 W/ M/M/M/M/M/M/M/M/M/M/M/M/M/M/M/M/M/M/	-0.50/-0.59 my	PROTOCOL BRUCE SPEED 480 kmph DR.VIOND BHAT GRADE 0.00% Tested On 14-08-2022, 12 METs 0.00 BPL DYNATRAC

# 130	aVF	aVL	aVR	-1.06 / 0.75	-0.86/1.59	0.20/0.92	SJM HOSPITAL AND IVE CENTRE ID 130 NAME SAURABH GAUTAM AGE 150/100 mmHg ST Levels (mm) / ST Slope (mV/s) (
20 Hz Filter	1 Maladada da d			The standard of the standard o	A Malantalantalantalantalantalantalantalan		STAGE Recovery 1 RECORDED TIME : 08:21 (min:sec) STAGE DURATION : 00:51 (min:sec) HR 60 ms Post J : 173 bpm (96 %)
10mm/mv, 25mm/Sec	V6 ↑/// ↑/// ↑/// ↑/// ↑/// ↑/// ↑/// ↑/	-0.86/0.92	-1.01/1.09 ~ MANAMA	-1.01/1.01 Ayayay	-0.81/1.09	V1 /4///	PROTOCOL BRUCE SPEED 0.00 kmph GRADE 0.00 % METs 0.00
Page No.: 9						in the state of th	DR.VIOND BHAT Tested On 14-08-2022, 12 BPL DYNATRAC

