

भारत सरकार
Government of India

मयंक कुमार
Mayank Kumar

जन्म तिथि / DOB : 24/11/1983
पुरुष / Male

6799 4930 5660

आधार - आम आदमी का अधिकार

भारतीय विश्वव्यापी प्राधिकरण
Unique Identification Authority of India

आधार

पता: आत्मज: सत्यवीर सिंह,
325/6, साकेत कॉलोनी, ब्रह्मपुरी
हृदिया, मुजफ्फरनगर, मुजफ्फरनगर,
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Mayank Kumar





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)



09-08-2022

(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
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

Mr Mayank

90 BOB

Physically and mentally well

Dr

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

CGHS & AYUSHMAN BHARAT

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

Panel: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-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., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate) United India Insurance Co Ltd. (Corporate)

X-Ray Report

Patient ID.	19747 OPD	Name	MR MAYANK KUMAR	Sex/Age	M/39 YY
Date	09-08-2022 11:35 AM	Ref. Physician	SELF	CHEST, CHEST	

X- RAY CHEST PA VIEW

Both lung fields are clear. No obvious lung parenchymal lesion or infiltration is seen.

Bilateral cp angles are clear and show acute angle

Both hilar shadow appears normal

Bony thoracic cage and soft tissues appears normal

Cardiac silhouette appears normal.

Impression ~ No obvious significant abnormality is seen

Please correlate clinically

Dr. DEEPAK K SOLANKI
MBBS, DNB
CONSULTANT RADIOLOGIST



Laboratory Report

Lab Serial no.	: LSHHI226487	Mr. No	: 93839
Patient Name	: Mr. MAYANK KUMAR	Reg. Date & Time	: 09-Aug-2022 04:39 AM
Age / Sex	: 39 Yrs / M	Sample Receive Date	: 09-Aug-2022 04:40 PM
Referred by	: Dr. SELF	Result Entry Date	: 09-Aug-2022 06:29PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 09-Aug-2022 06:30 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	14.3	gm/dl	12.5 - 16.0
TLC	7.3	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	48	%	40 - 70
Lymphocyte	41	%	20 - 40
Eosinophil	09	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.78	Thousand / UI	3.8 - 5.10
P.C.V	40.6	million/UI	00 - 40
M.C.V.	84.9	fL	78 - 100
M.C.H.	29.8	pg	27 - 31
M.C.H.C.	35.2	g/dl	32 - 36
Platelet Count	1.27	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

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HAEMATOLOGY

results unit reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) 08 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) 94.2 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.



technician :

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	152.0	mg/dl	< - 200
HDL Cholesterol	43.6	mg/dl	35.3 - 79.5
LDL Cholesterol	86.9	mg/dl	50 - 150
VLDL Cholesterol	21.5	mg/dl	00 - 40
Triglyceride	107.4	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.5	%	

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	121.1	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	25.1	mg/dL	18 - 55
Serum Creatinine	0.75	mg/dl	0.7 - 1.3
Uric Acid	6.0	mg/dl	3.5 - 7.2
Calcium	9.2	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	142.2	mEq/L	135 - 150
Potassium (K ⁺)	4.16	mEq/L	3.5 - 5.0
Chloride (Cl)	105.0	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.73	mg/dL	7 - 18
PHOSPHORUS-Serum	2.37	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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technician :

Typed By : Mr. BIRJESH



Page 1

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.70	mg/dL	00 - 2.0
Bilirubin- Direct	0.31	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.39	mg/dL	0.2 - 1.2
SGOT/AST	24.2	IU/L	00 - 35
SGPT/ALT	35.0	IU/L	00 - 45
Alkaline Phosphate	51.0	U/L	53 - 128
Total Protein	6.89	g/dL	6.4 - 8.3
Serum Albumin	4.30	gm%	3.50 - 5.20
Globulin	2.59	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.66	%	

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 :

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TEST NAME

VALUE

ABO

"A"

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



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Laboratory Report

Lab Serial No. : LSHH1226487	Reg. No. : 93839
Patient Name : MR. MAYANK KUMAR	Reg. Date & Time : 09-Aug-2022 04:39 AM
Age/Sex : 39 Yrs /M	Sample Collection Date : 09-Aug-2022 04:40 PM
Referred By : SELF	Sample Receiving Date : 09-Aug-2022 04:40 PM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 09-Aug-2022 06:30 PM
OPD/IPD : OPD	

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Straw

Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil

PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF

RBC's: nil

Crystals: nil

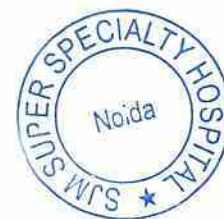
Epithelial cells: 0-1 /HPF

Others: nil

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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.



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 Pathologist & Microbiologist
 09-08-2022



Patient Name : Mr. MAYANK KUMAR	Registration No : 102091
Age/Sex : 39 Y/Male	Registered : 09/Aug/2022
Patient ID : 012208090054	Collection : 09/Aug/2022 01:15PM
Barcode : 10106742	Received : 09/Aug/2022 03:11PM
Ref. By : Self	Reported : 09/Aug/2022 05:58PM
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 Particle enhanced immunoturbidimetric	5.60	%	
Average Glucose Calculated	114.02	mg/dL	<125.0

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.

- Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- 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.
- Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In

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Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY



Priyanka Rana
Dr. Priyanka Rana
MD Pathology



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

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 glycemic control.

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.

*** End Of Report ***

Dr. Jatinder Bhatia
MD Pathology
Director

Dr. Madhusmita Das
MD MICROBIOLOGY

Dr. Priyanka Rana
MD Pathology





DIAGNOSTICS

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Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE.(TFT)SERUM			
T3 ,Serum	110.00	ng/dl	69-215
T4 ,Serum	8.50	ug/dL	5.2-12.7
ECLIA TSH(ultrasensitive)	4.9	uIU/mL	0.3-4.5
ECLIA			

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

Jhatia
Dr. Jatinder Bhatia
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 Director

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NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

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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 Within range	Raised	Within range	T3 toxicosis
			Non-Thyroidal illness

TSH(μ U/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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Ultrasound Report

Name: Mr. Mayank

Age: 39yrs/M

Date: 09/08/2022

Ultrasound - Male Abdomen

Liver: Liver appears normal. 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 mucocele. 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 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 concretions on left side. **Right kidney shows renal calculus meas. 6.3mm in mid pole.**

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.

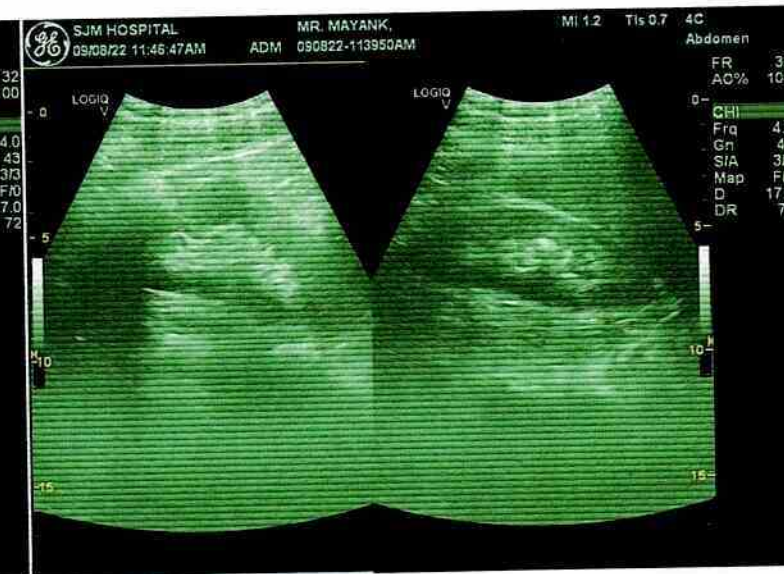
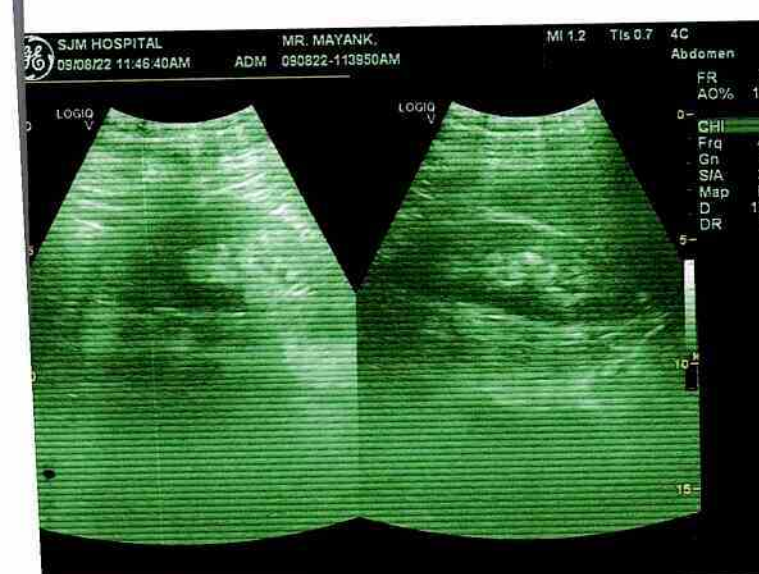
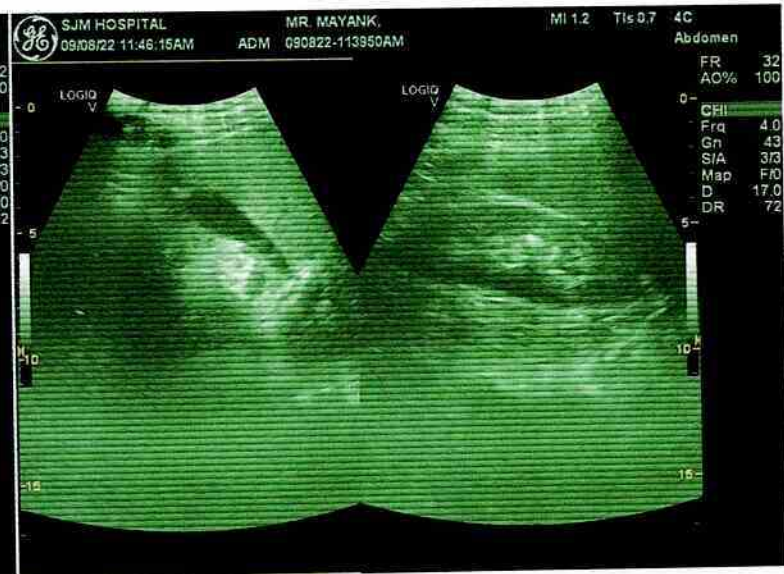
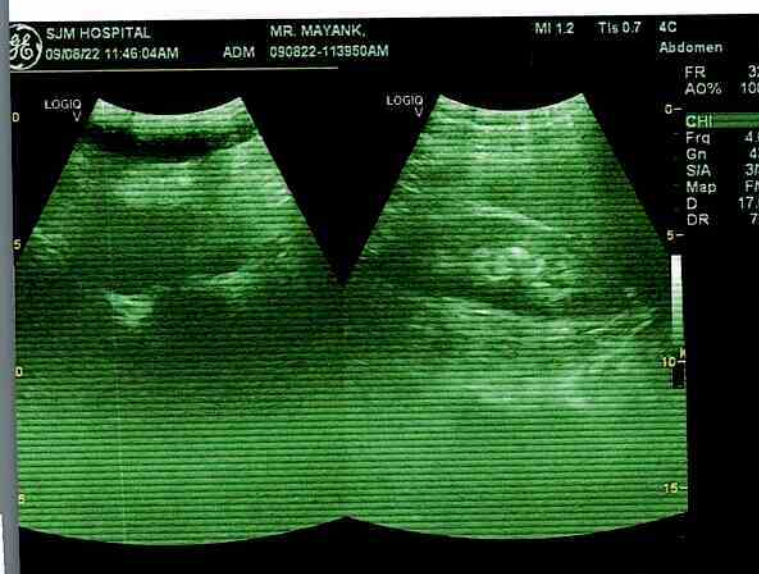
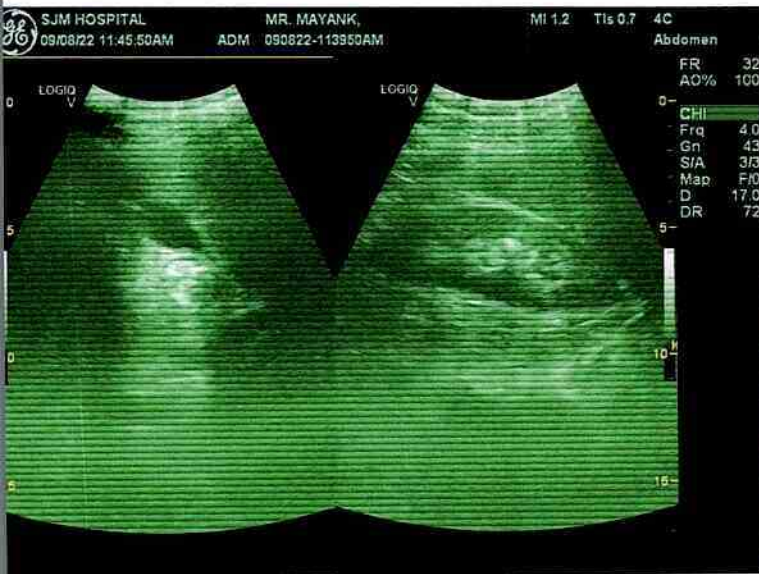
IMPRESSION: - Right renal calculus.

DR. PUSHPA KAUL

For SJM Super Specialty Hospital

DR. P.K GUPTA





ID: 0
MAYANK
Male 39Years

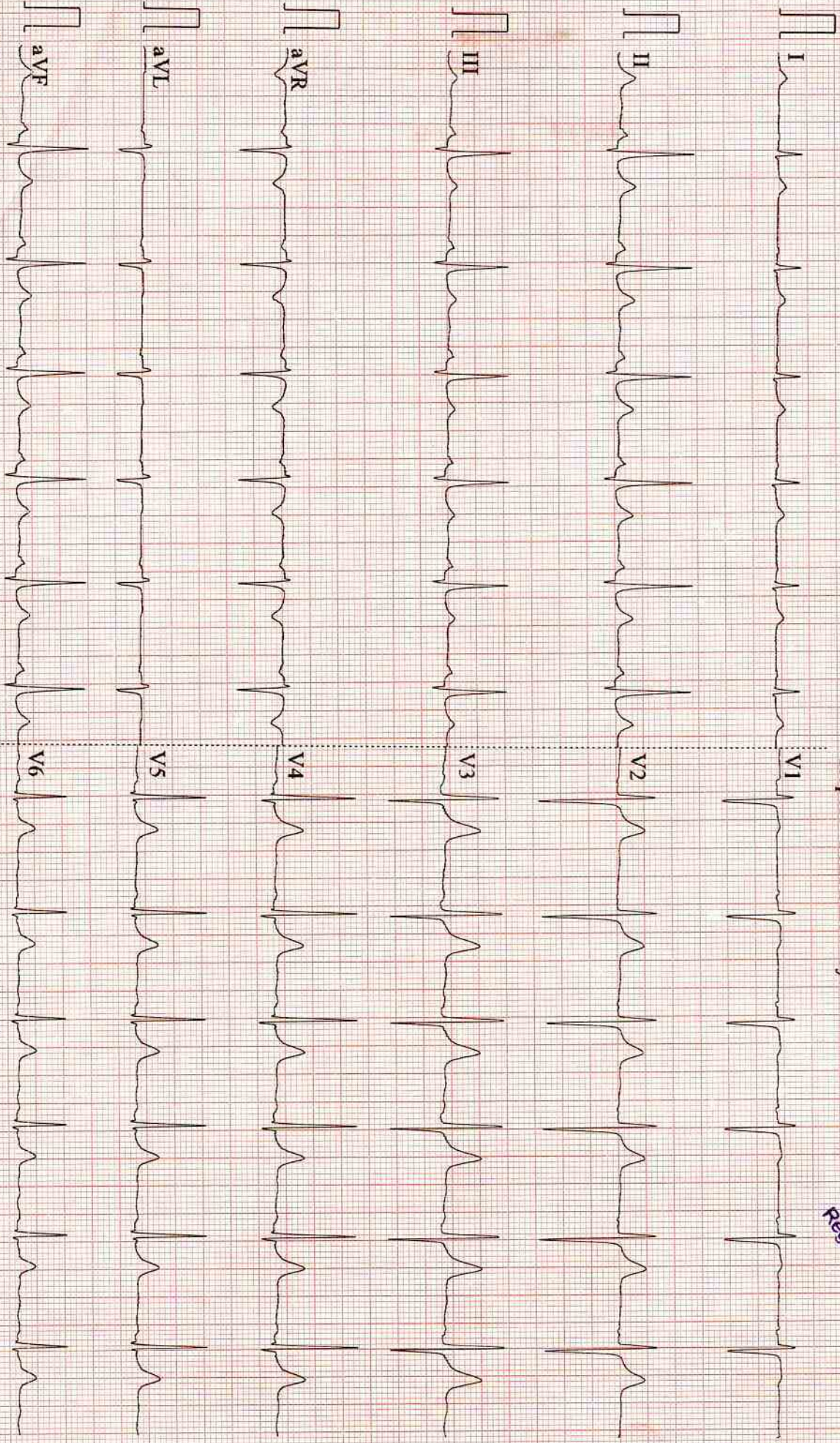
09-08-2022 10:25:48 AM

HR : 76 bpm
P : 89 ms
PR : 144 ms
QRS : 92 ms
QT/QTc : 358/404 ms
P/QRS/T : 78/74/63 °
RV5/SV1 : 1274/0.946 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

N.M.
Dr. *V.K.*
SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S. M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 39089 (M.C.)



SJM HOSPITAL AND IVF CENTRE

ID : 127
 NAME : MAYANK
 AGE : 39
 Bp : 120/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Wait For Exercise
 RECORDED TIME : 03:52 (min:sec)
 STAGE DURATION : 00:44 (min:sec)
 HR : 74 bpm (40%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

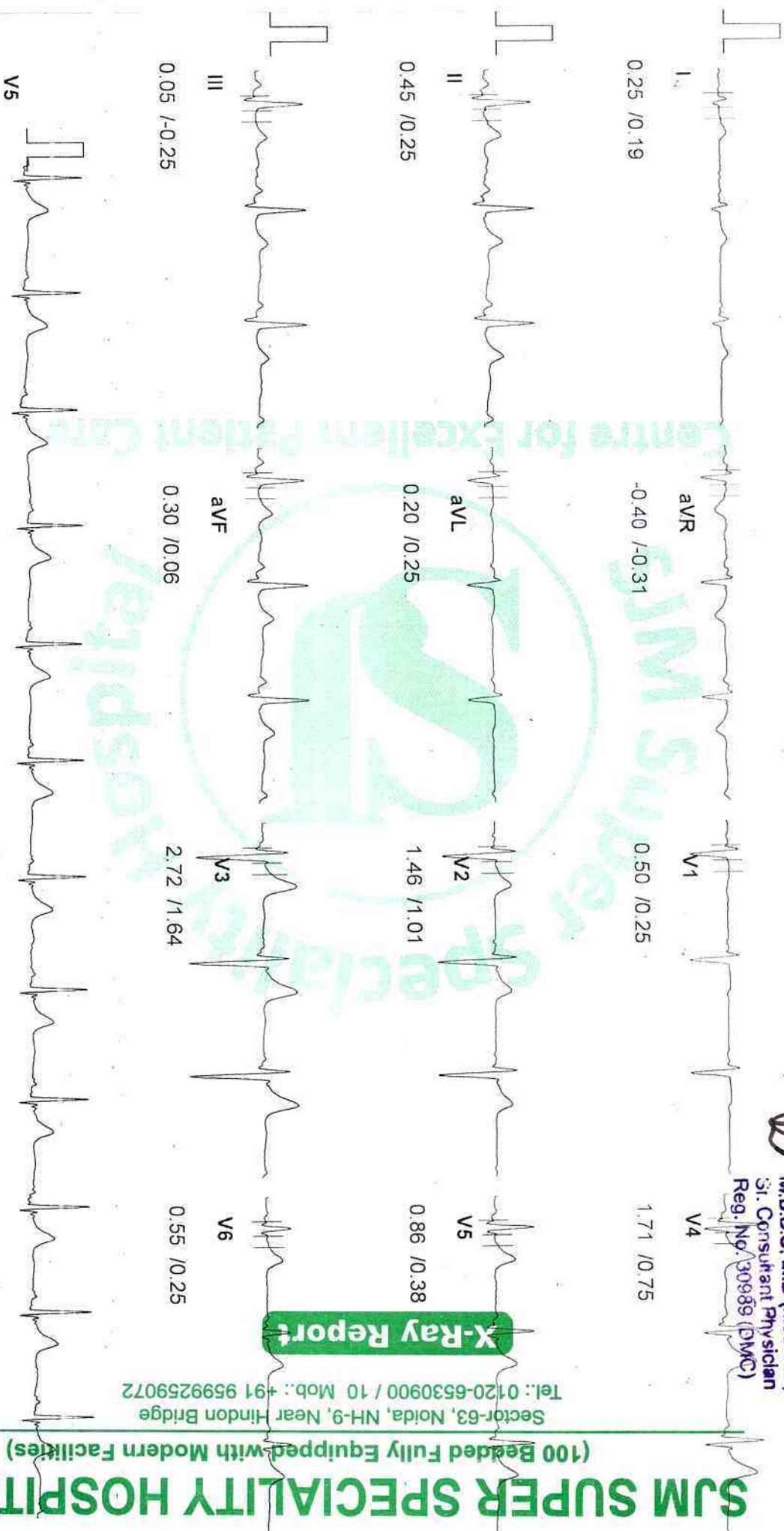
noq

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

DR. VIOND BHA...
 Tested On 08-28-2022
 BPL DYNATR...

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





SJM SUPER SPECIALITY HOSPITAL

(100 Bedded Fully Equipped with Modern Facilities)

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

SJM HOSPITAL AND IVF CENTRE

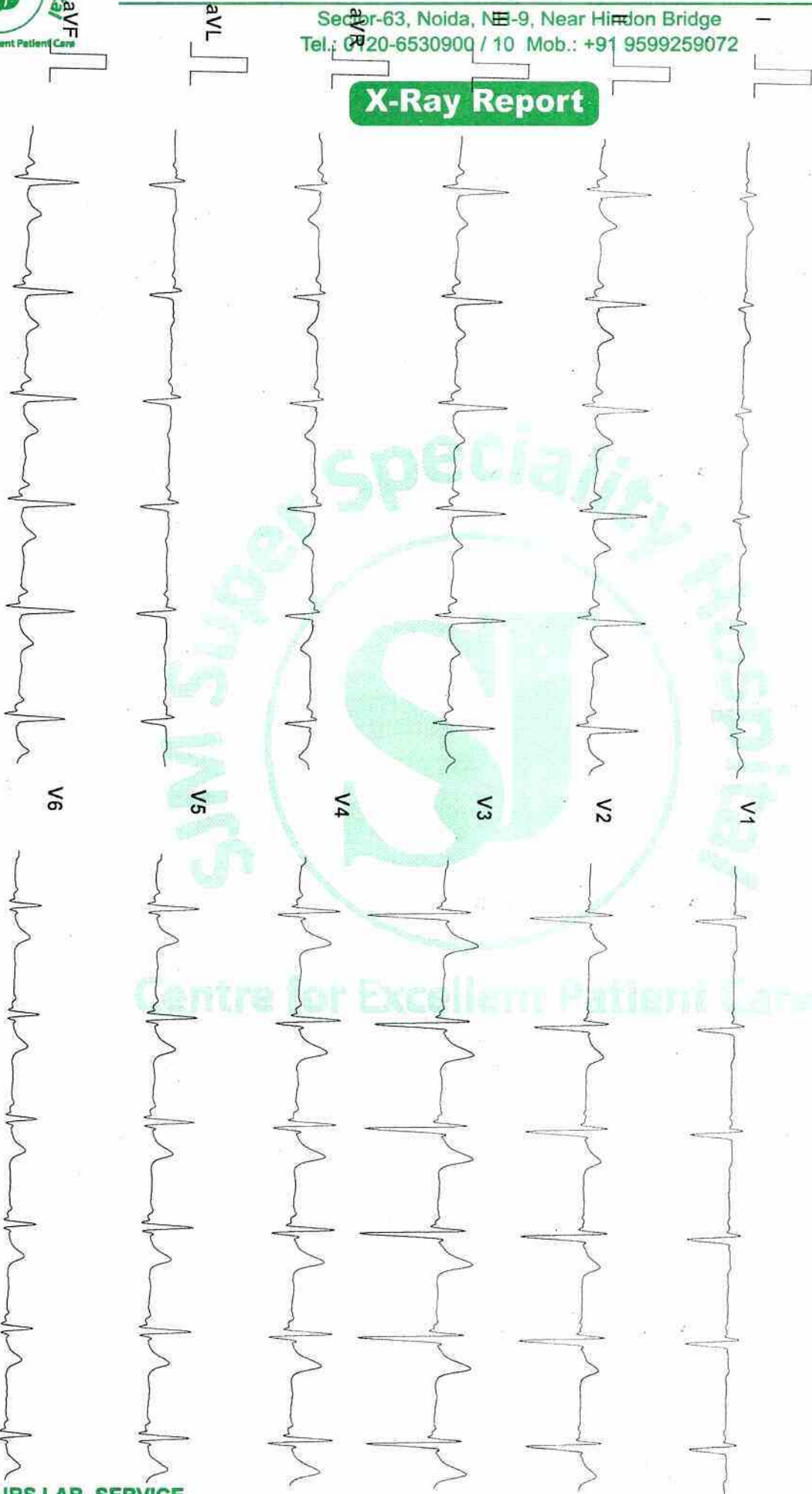
ID : 127
NAME : MAYANK
AGE : 39
BP : 120/80 mmHg

STAGE :
RECORDED TIME : 02:42 (min:sec)
STAGE DURATION : 00:06 (min:sec)
HR : 78 bpm (43 %)

PROTOCOL :
SPEED :
GRADE :
METS :
BRUCE :
0.00 kmph
0.00 %
0.00

DR. VIJND BHAT
Tested On: 09-08-2022 09:51
BPL DYNATRAC

X-Ray Report



20 Hz Filter

10mm/mV, 25mm/Sec

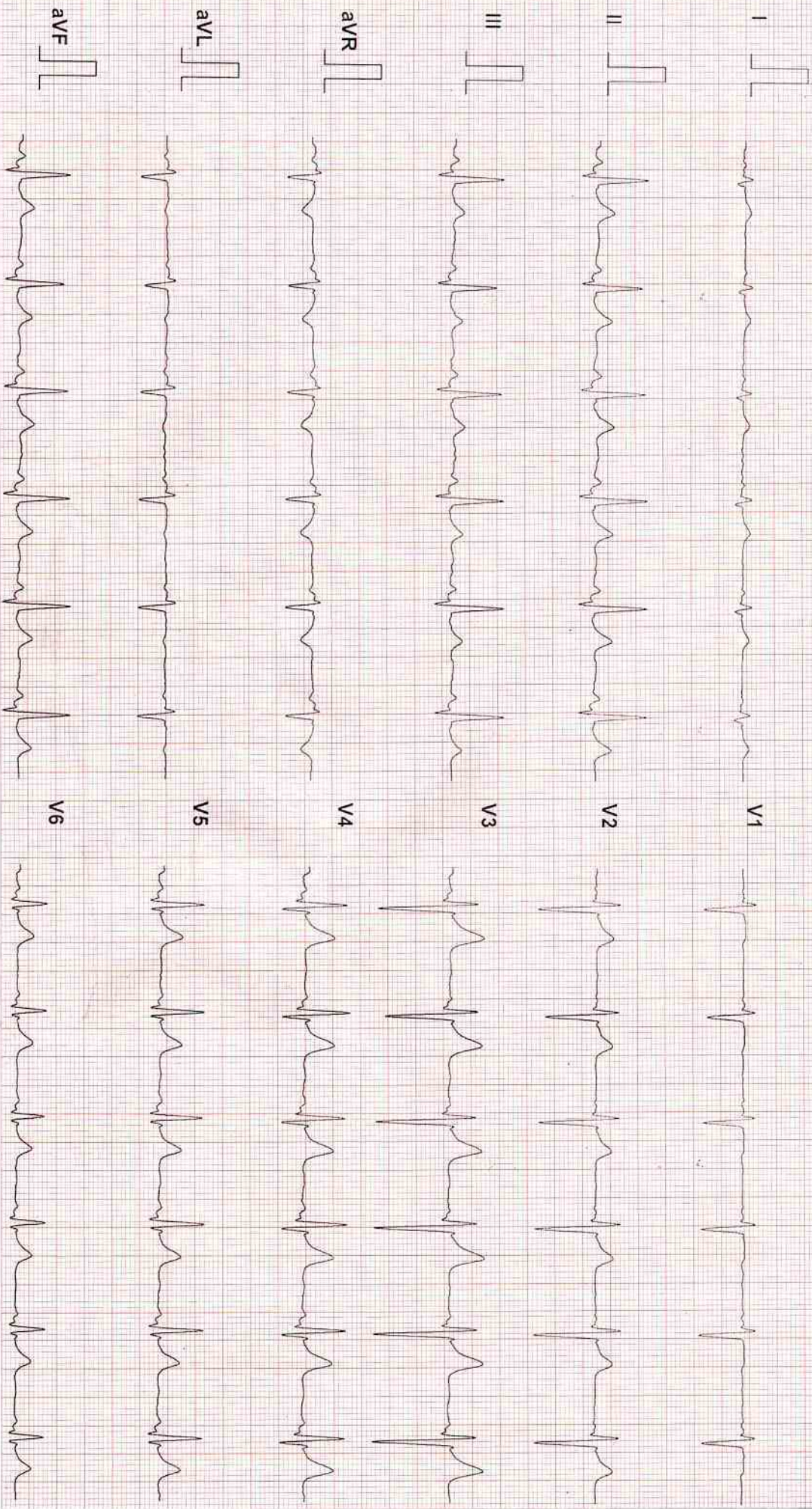
• 24 HOURS LAB. SERVICE

ID 127
NAME MAYANK
AGE 39
BP 120/80 mmHg

STAGE
RECORDED TIME 01:17 (m:sec)
STAGE DURATION 01:17 (m:sec)
HR 79 bpm (43%)

PROTOCOL BRUCE
SPEED 0.00 kmph
GRADE 0.00 %
METS 0.00

DR. VIJND BHAT
Tested On 09-08-2022 09:51:
BPL DYNATRAC

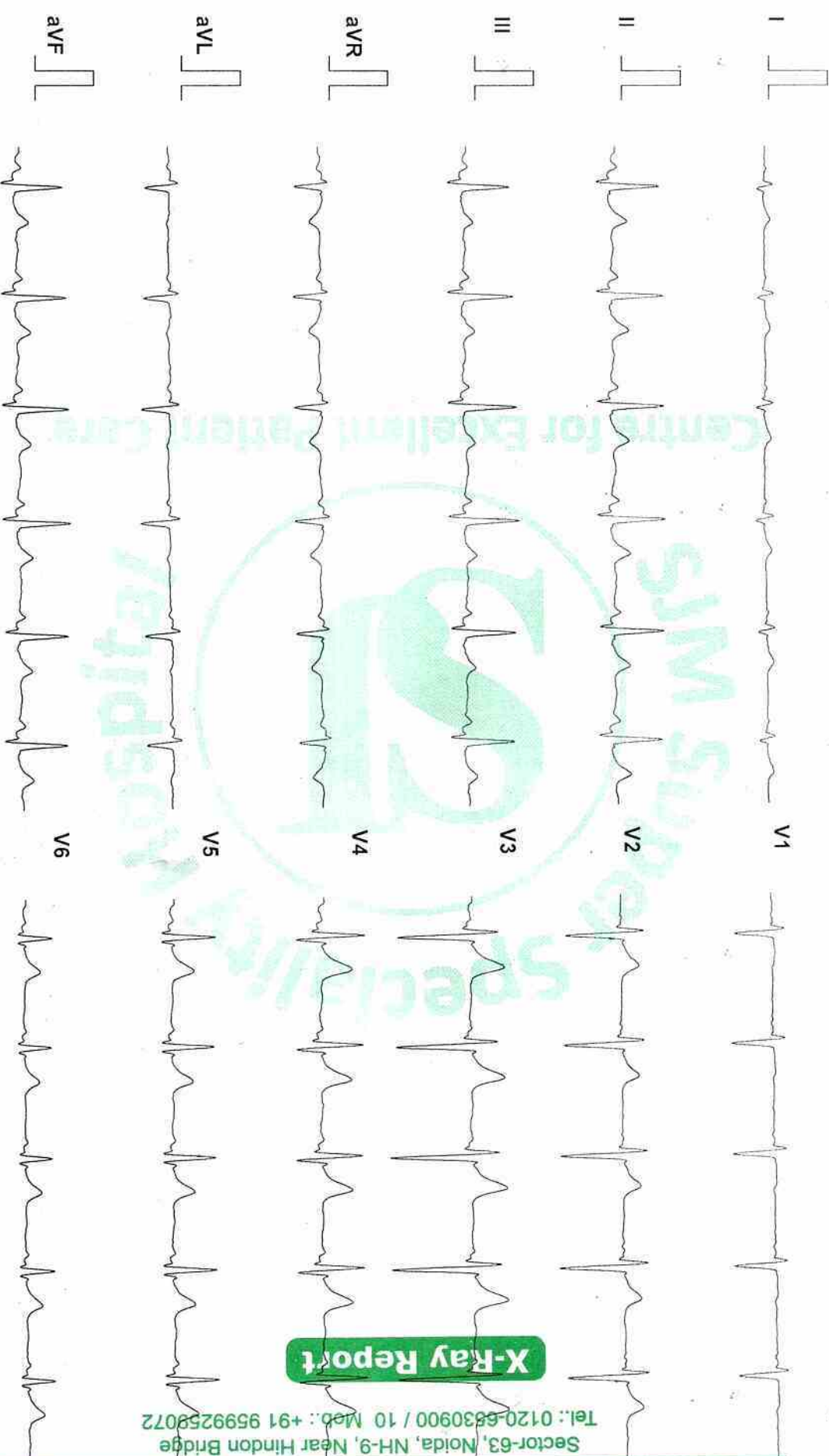


ID : 1127
NAME : MAYANK
AGE : 39
BP : 010 mmHg

STAGE : Pre-Test
RECORDED TIME : 00:36 (min:sec)
STAGE DURATION : 00:36 (min:sec)
HR : 81 bpm (44%)

PROTOCOL : BRUCE
SPEED : 0.00 kmph
GRADE : 0.00 %
METS : 0.00

DR. VIJOND BIA SJM Super Speciality Hospital
Tested On 09/08/2022 09:51
BPL DYNATRAC



X-Ray Report

Sector-63, Noida, NH-9, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Med.: +91 9599258072

(100 Bedded Fully Equipped with Modern Facilities)

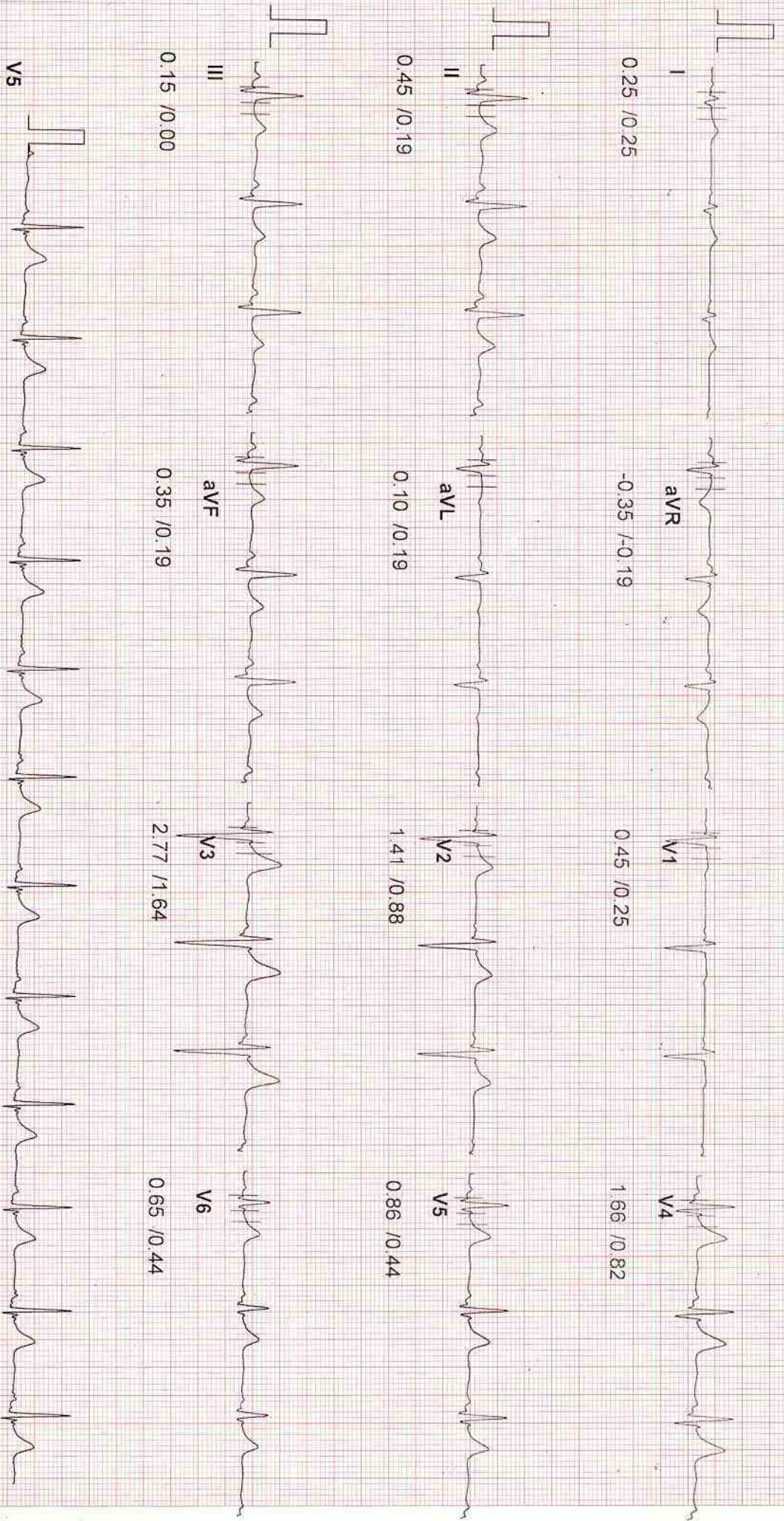
SJM SUPER SPECIALITY HOSPITAL

ID : 127
 NAME : MAYANK
 AGE : 39
 BP : 120/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Supine
 RECORDED TIME : 02:36 (min:sec)
 STAGE DURATION : 00:52 (min:sec)
 HR : 76 bpm (41%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIJND BHAT
 Tested On : 09-08-2022, 09
 BPL DYNATRAC



127

20 Hz Filter

10mm/mV, 25mm/Sec

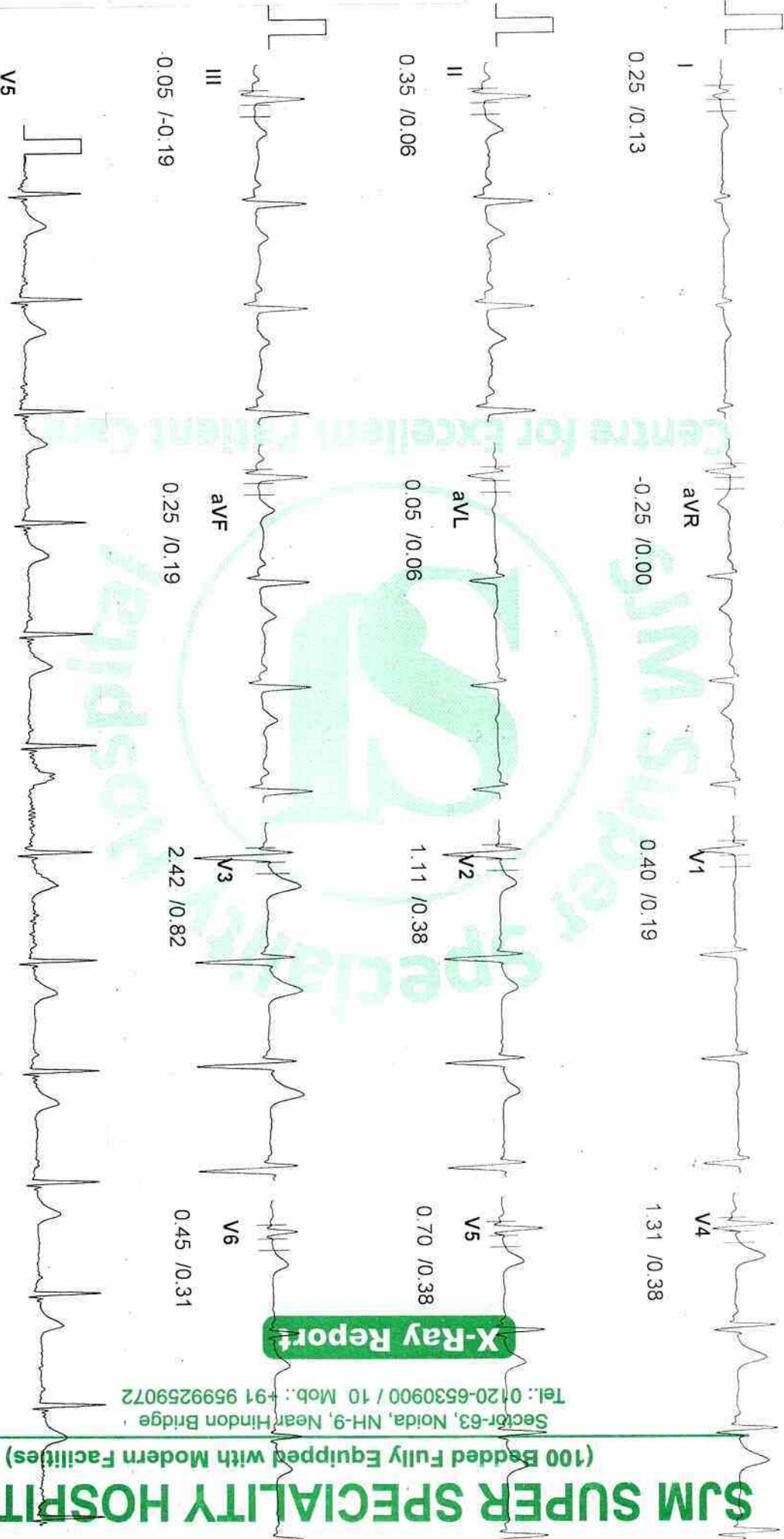
SJM HOSPITAL AND INF CENTRE

ID : 127
 NAME : MAYANK
 AGE : 39
 BP : 120/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Hyper Ventilation
 RECORDED TIME : 03:08 (min sec)
 STAGE DURATION : 00:32 (min sec)
 HR : 79 bpm (43%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00%
 METS : 0.00

DR. VIJND BHATT
 Tested On 09-08-2009
 BPL DYNATRAC



X-Ray Report

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

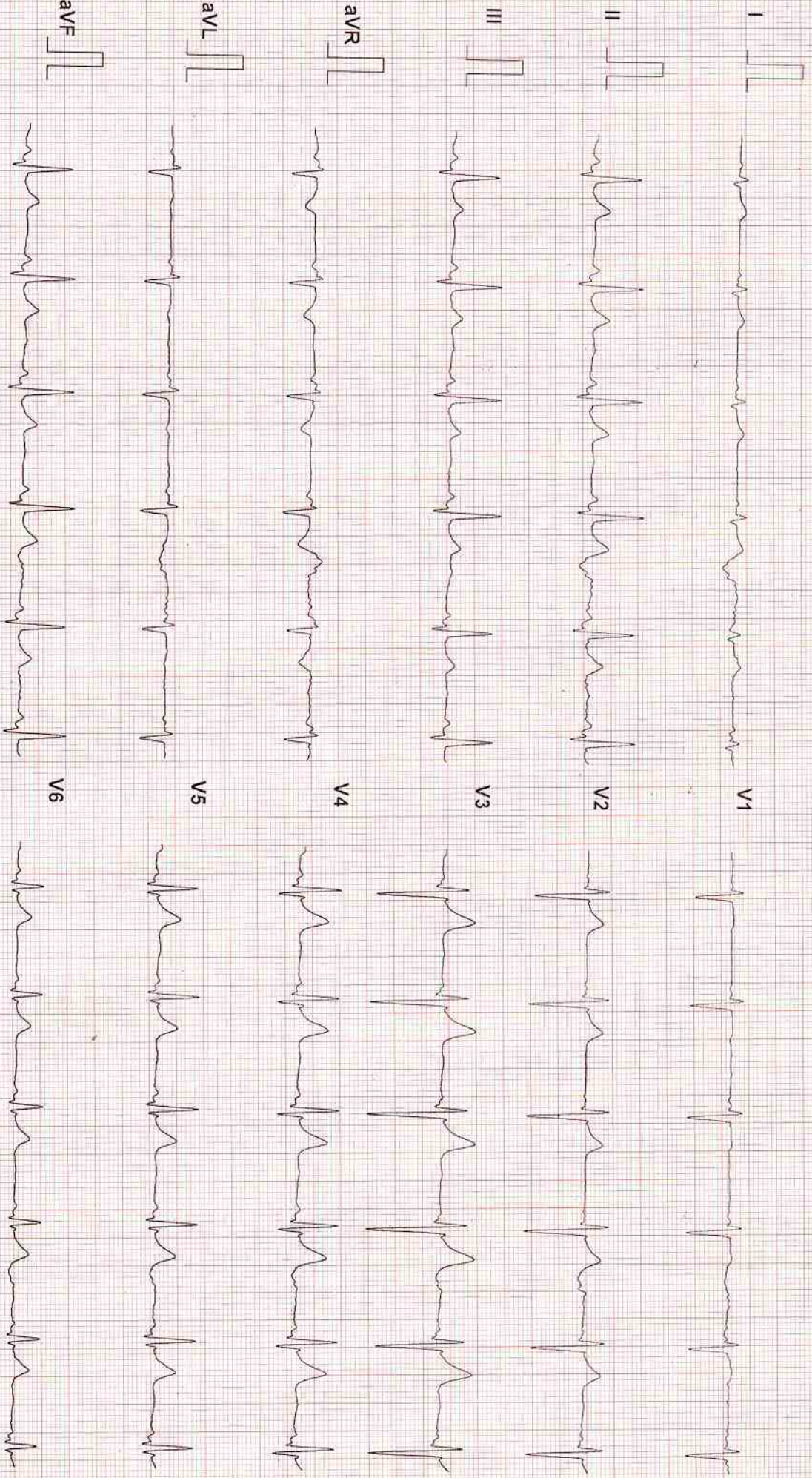
SJM SUPER SPECIALITY HOSPITAL
 (100 Bedded Fully Equipped with Modern Facilities)

ID : 127
NAME : MAYANK
AGE : 39
BP : 120/80 mmHg

STAGE : Supine
RECORDED TIME : 02:14 (min:sec)
STAGE DURATION : 00:30 (min:sec)
HR : 78 bpm (43%)

PROTOCOL : BRUCE
SPEED : 0.00 kmph
GRADE : 0.00 %
METS : 0.00

DR. VIJND BHAT
Tested On 09-08-2022 09:51:
BPL DYNATRAC



127

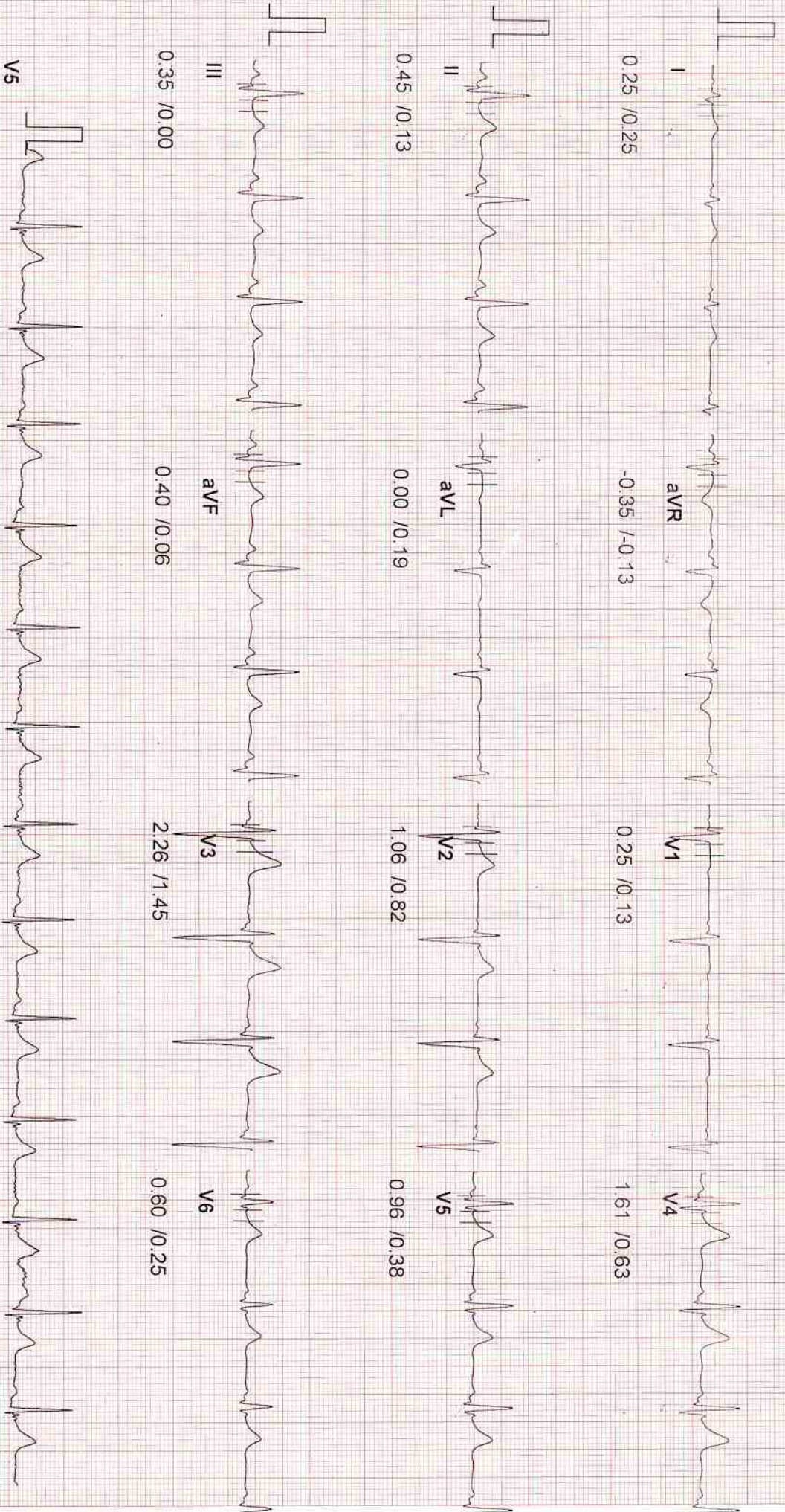
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 127
NAME : MAYANK
AGE : 39
BP : 120/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Pre-Test
RECORDED TIME : 01:44 (min:sec)
STAGE DURATION : 01:44 (min:sec)
HR : 85 bpm (46%)
PROTOCOL : BRUCE
SPEED : 0.0 kmph
GRADE : 0.00 %
METS : 0.00

DR. VIJOND BHAT
Tested On 09-08-2022, 09
BPL DYNATRAC



127

20 Hz Filter

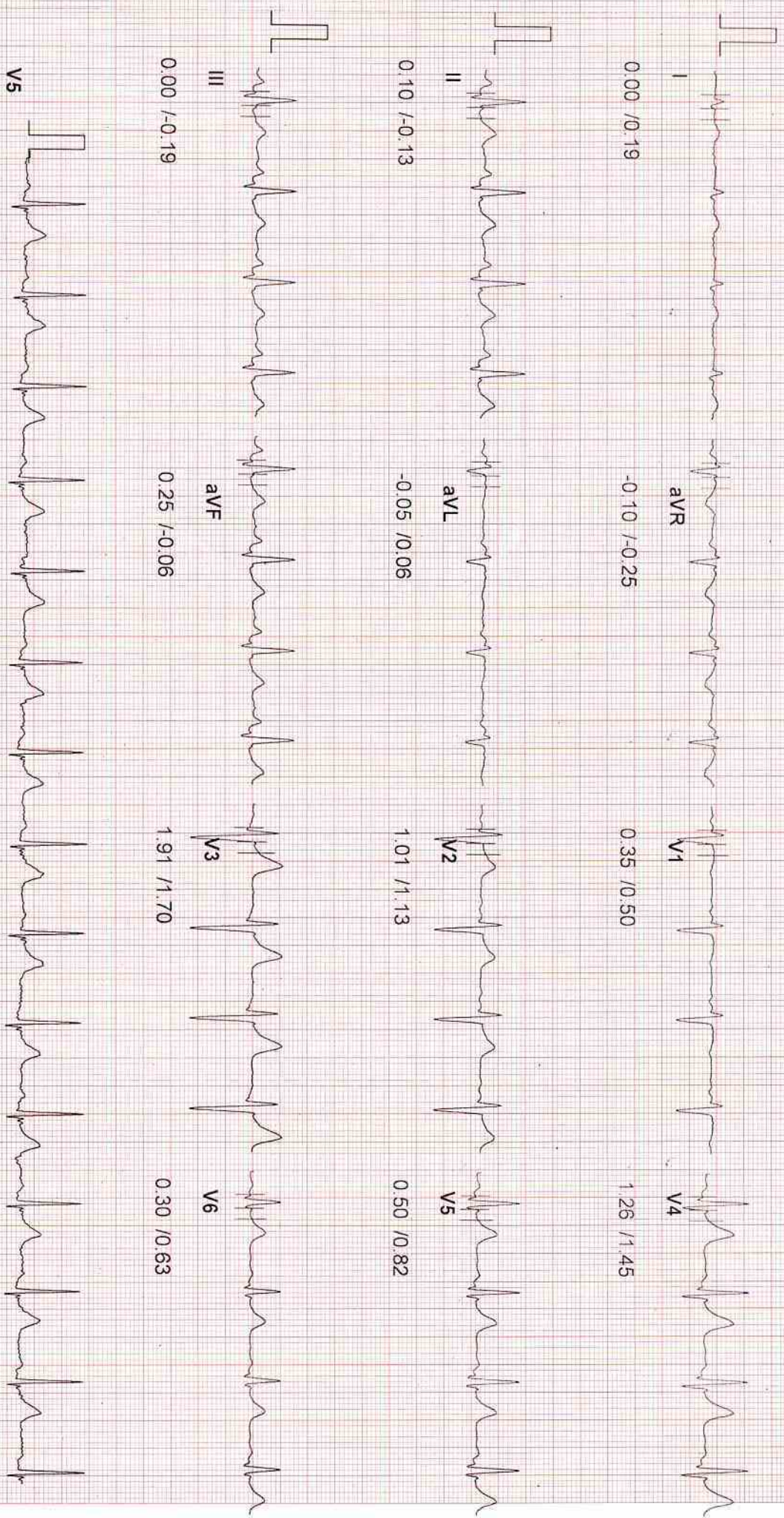
10mm/mV, 25mm/Sec

ID : 127
 NAME : MAYANK
 AGE : 39
 BP : 130/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Exercise1
 RECORDED TIME : 03:00 (min:sec)
 STAGE DURATION : 03:00 (min:sec)
 HR : 93 bpm (51%)

PROTOCOL : BRUCE
 SPEED : 2.7 kmph
 GRADE : 10.00%
 METS : 5.10

DR. VIOND BHAT
 Tested On : 09-08-2022, 09
 BPL DYNATRAC



127

20 Hz Filter

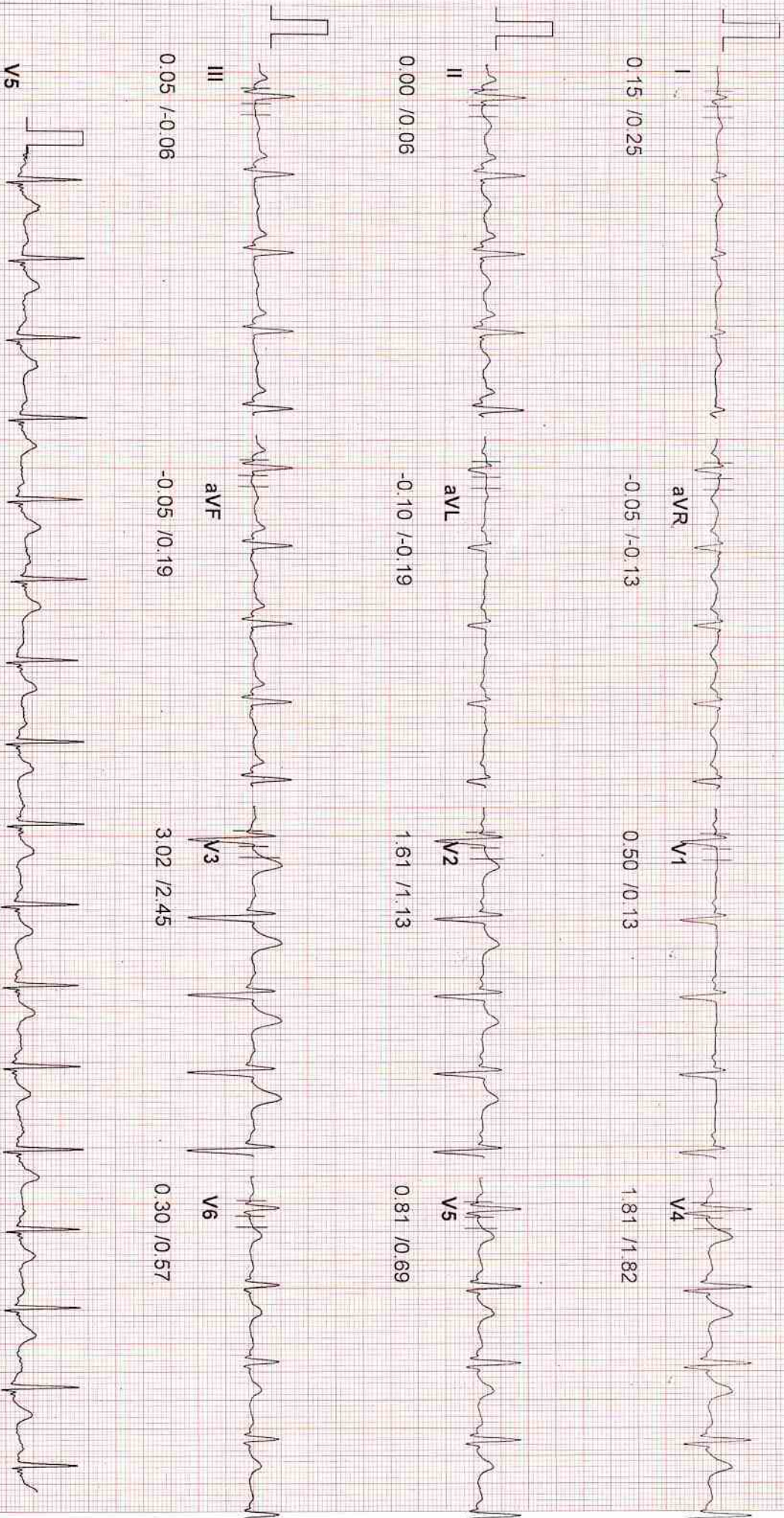
10mm/mV, 25mm/Sec

ID : 127
 NAME : MAYANK
 AGE : 39
 BP : 140/90 mmHg
 ST Levels (mm) / ST Slope (mVs) measured at 80 ms Post J

STAGE : Exercise2
 RECORDED TIME : 06:00 (min:sec)
 STAGE DURATION : 03:00 (min:sec)
 HR : 105 bpm (58 %)

PROTOCOL : BRUCE
 SPEED : 4.0 kmph
 GRADE : 12.00 %
 METS : 7.10

DR. VIOND BHAT
 Tested On : 09-08-2022, 09
 BPL DYNATRAC



127

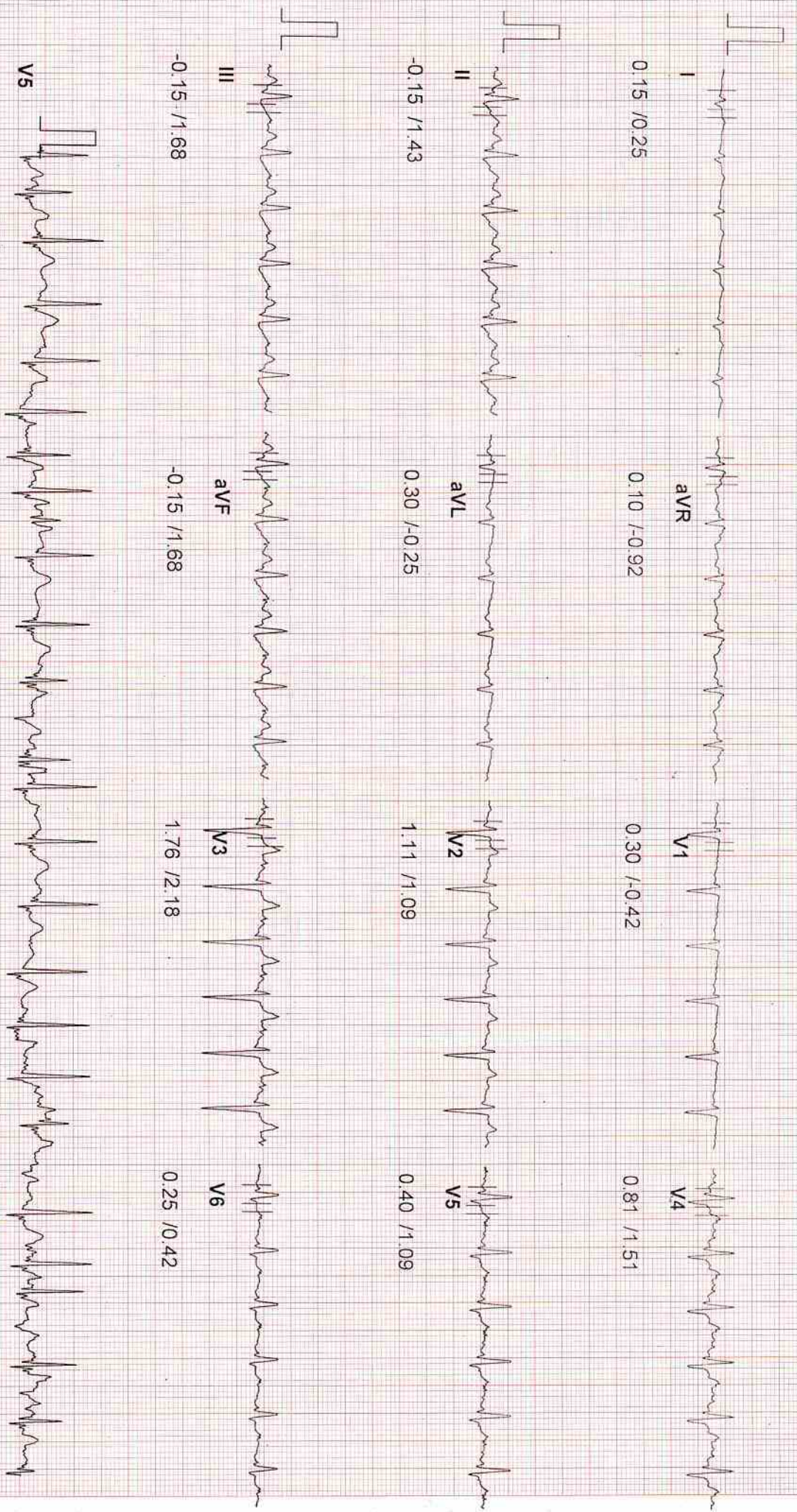
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 127
 NAME : MAYANK
 AGE : 39
 BP : 140/90 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercises
 RECORDED TIME : 09:00 (min:sec)
 STAGE DURATION : 03:00 (min:sec)
 HR : 127 bpm (70 %)

PROTOCOL : BRUCE
 SPEED : 5.5 kmph
 GRADE : 14.00 %
 METS : 10.00
 DR. VIOND BHAT
 Tested On : 09-08-2022 09
 BPL DYNATRAC



127

20 Hz Filter

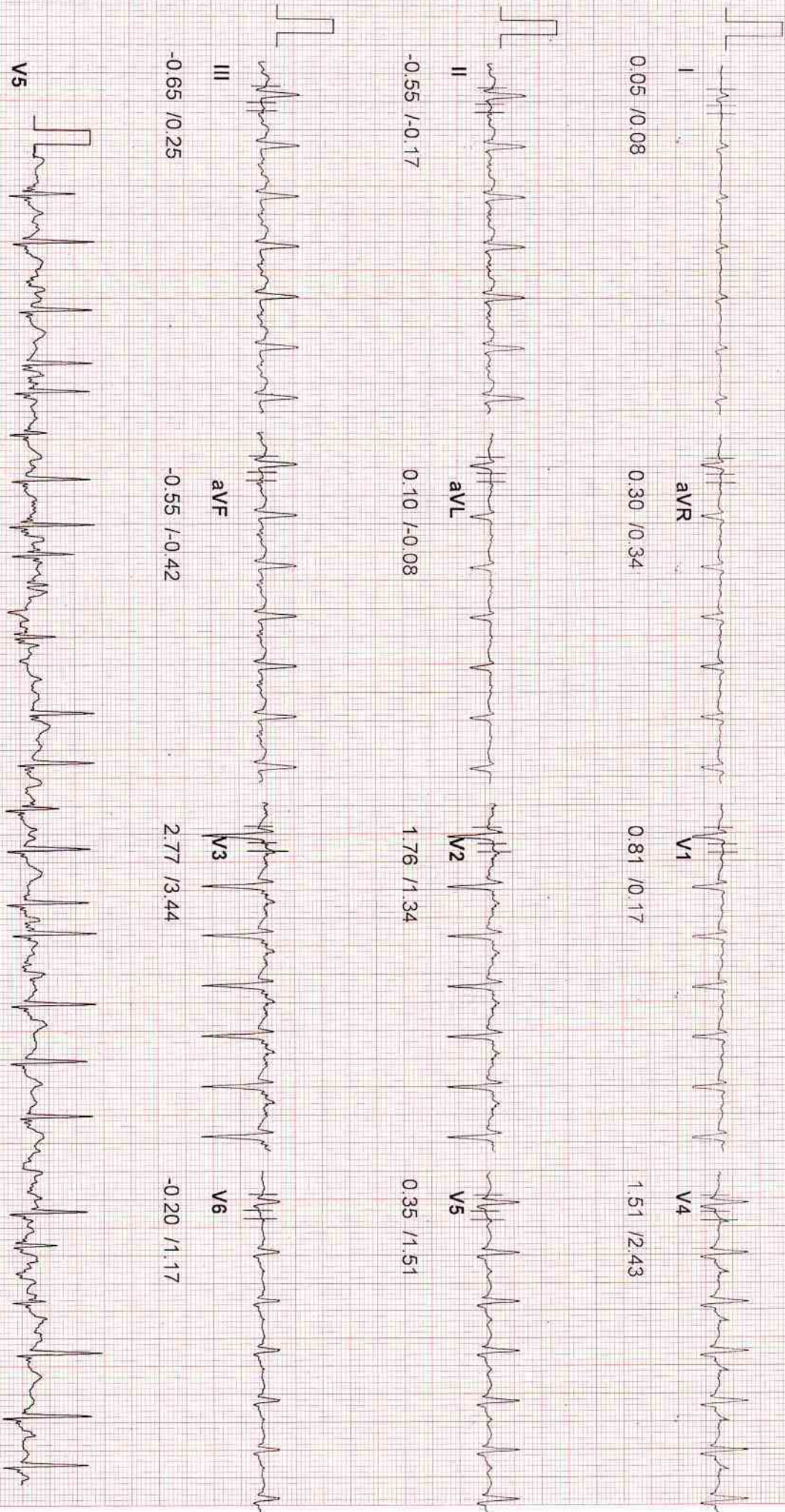
10mm/mV, 25mm/Sec

ID : 127
 NAME : MAYANK
 AGE : 39
 BP : 150/90 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercised
 RECORDED TIME : 09:24 (min:sec)
 STAGE DURATION : 00:24 (min:sec)
 HR : 142 bpm (78 %)

PROTOCOL : BRUCE
 SPEED : 6.8 kmph
 GRADE : 16.00 %
 METS : 10.60

DR. VIOND BHAT
 Tested On : 09-08-2022, 09
 BPL DYNATRAC



127

20 Hz Filter

10mm/mV, 25mm/Sec

ID : 127
NAME : MAYANK
AGE : 39
BP : 150/90 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE :
RECORDED TIME : 00:04 (min:sec)
STAGE DURATION : 00:04 (min:sec)
HR : 134 bpm (74 %)

BRUCE :
SPEED : 8.1 kmph
GRADE : 18.00 %
METS : 14.30

DR. VIJOND BHAT
Tested On : 09-08-2022 09
BPL DYNATRAC

0.05 /0.08

0.30 /0.34

0.81 /0.17

1.51 /2.43

-0.55 /-0.17

0.10 /-0.08

1.76 /1.34

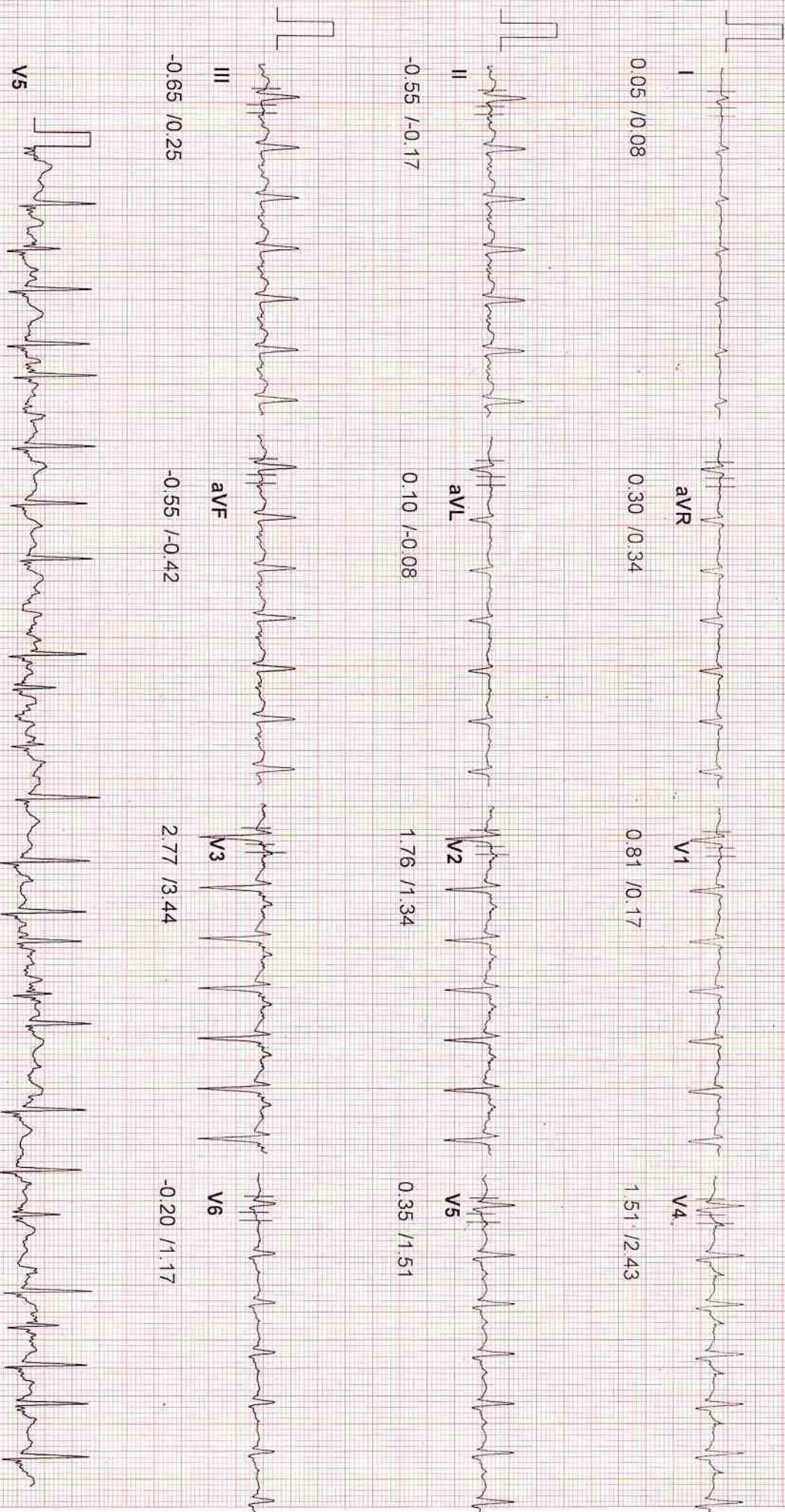
0.35 /1.51

-0.65 /0.25

-0.55 /-0.42

2.77 /3.44

-0.20 /1.17



127

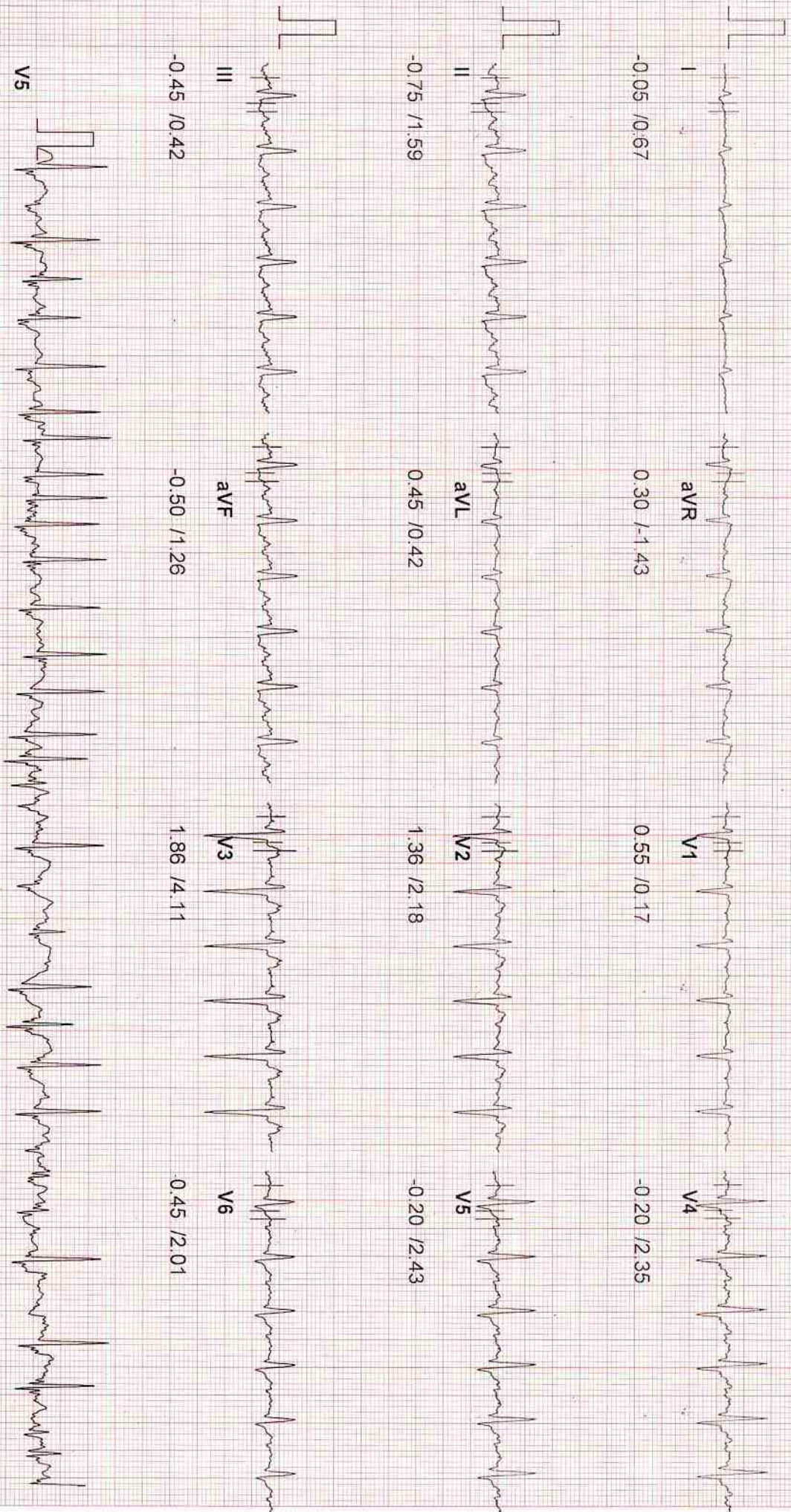
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 127
 NAME : MAYANK
 AGE : 39
 BP : 150/90 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Recovery 1
 RECORDED TIME : 00:59 (min:sec)
 STAGE DURATION : 00:59 (min:sec)
 HR : 181 bpm (100%)
 PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIJOND BHAT
 Tested On : 09-08-2022, 09
 BPL DYNATRAC

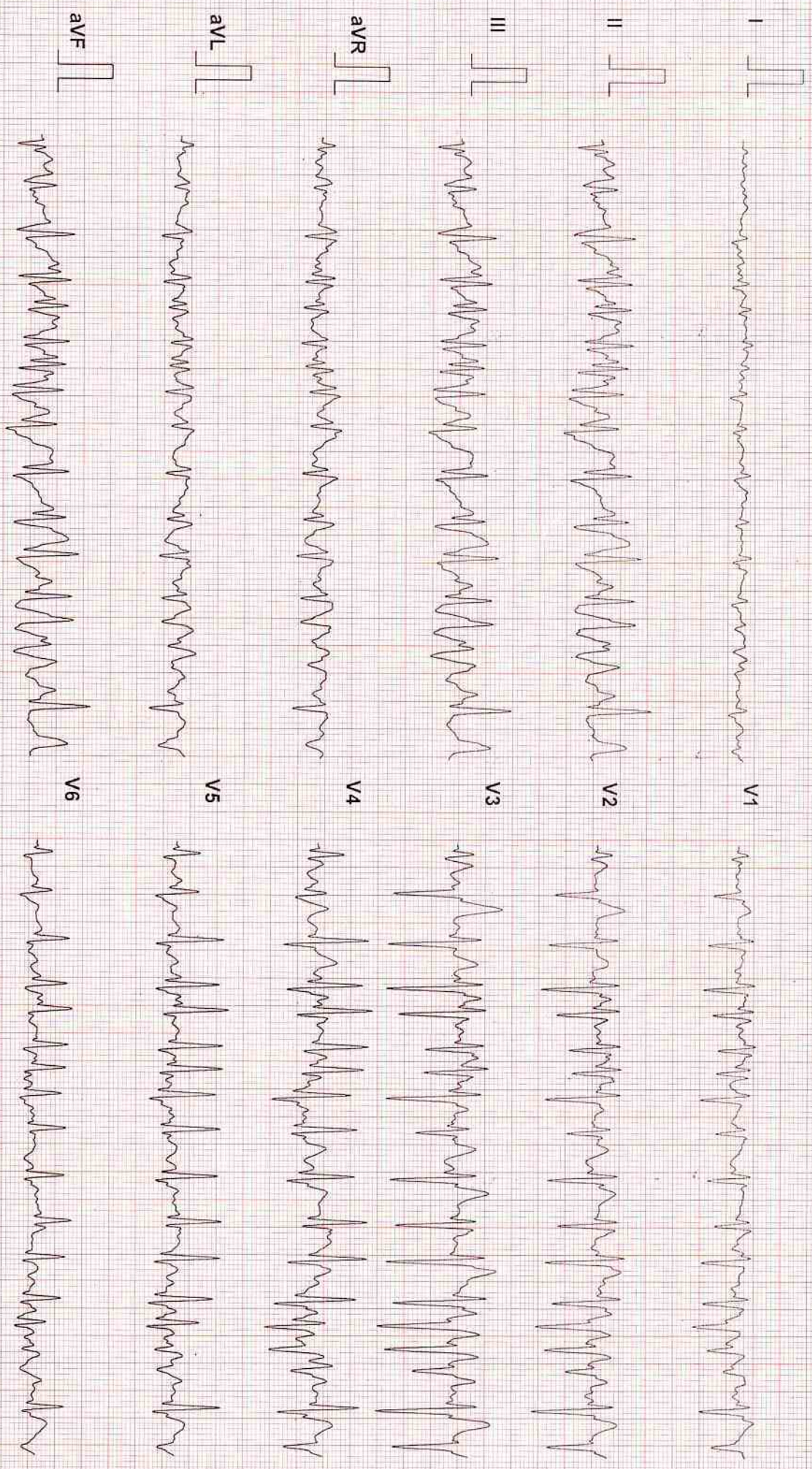


ID : 127
NAME : MAYANK
AGE : 39
BP : 150/90 mmHg

STAGE : Recovery 2
RECOVERY TIME : 01:00 (min:sec)
TOTAL EXE TIME : 09:28 (min:sec)
HR : 184 bpm (101 %)

PROTOCOL : BRUCE
SPEED : 0.00 kmph
GRADE : 0.00 %
METS : 0.00

DR. VIJND BHAT
Tested On 09-08-2022 09:51
BPL DYNATRAC



127

20 Hz Filter

10mm/mV, 25mm/Sec