



भारत सरकार

GOVERNMENT OF INDIA



पंकज कुमार सिन्हा
Pankaj Kumar Sinha
जन्म तिथि/ DOB: 01/01/1972
पुरुष / MALE



3176 8763 9187

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

जन्मज: लेट रामनन्दन
प्रसाद, कतरग बाजार,
तेनिया बाँध, भातपुरगा,
धनबाद,
झारखण्ड - 828114

Address:

550, Late Ramnandan Prasad, Katar
Bazar, Tejniya Bandh, Bhatpurga,
Dhanbad,
Jharkhand - 828114

3176 8763 9187

Aadhaar-Aam Admi ka Adhikar

⇒ Height ⇒ 166cm
⇒ weight ⇒ 77 Kg.
⇒ B.P ⇒ 110/70
⇒ Pulse ⇒ 84

P. Sinha

NEW B.K. HOSPITAL
JAUHARIBAZAR
HAJIPUR (VAISHALI)



122

NEW B.K. HOSPITAL

Sunil Singh Complex, Jahuari Bazar, Hajipur

DR. NISHA KUMARI,
MBBS

Opd R.No : B906351

U7406

Date&Time : 25/Nov/2023 12:11:48

Patient Name : PANKAJ KUMAR SINHA

Age/Sex : 51 /Male

Address : katras bazar telia, dhanbad

BP :

Pulse :

C/o - No fresh complaints.

Came for Annual Health checkup.

Plm/SH KIdo - DM type (on medication 2yrs)
TDS Metformin 1gr

HTN - (on medication) 2yrs
TDS Telmis 40mg

O/E
BP - 110/70mmHg
P - 76/min
SpO2 - 92.1% @RA
Temp - Afebrile

S/E
CVS / NAD
CNS /
R/S /

Multi Speciality Hospital

For More Enquiry Call- 9097333335

NOT VALID FOR MEDICO-LEGAL PURPOSE



P/A - soft, non-tender

P/R - WNL

Adv

Review & reports.

Nishu

Dr. Nishu Kumari
M.B.B.S., Reg. No.-48891



JANKI DIAGNOSTIC IMAGING CENTER

Add. : Gopal Sadan, Shukla Complex, Hospital Road
Hajipur (Vaishali) Trimurti Chowk, Near Tempo Stand
Mob.: 8340213849, 7480863024

Dr. Indrajeet Kumar

M.B.B.S, MD

Radiodiagnosis

Ex. Resident Medanta Hospital, Delhi

Consultant S.M.O. (SKMCH)

Medical College, Muzaffarpur

क्लिनिकल समय

सोमवार से } सुबह 10.30 से 5.00 बजे तक
शुक्रवार }
रविवार सुबह 9.00 से 11.00 बजे तक

डा. इन्द्रजीत कुमार

एम.बी.बी.एस, एम.डी.

रेडियोलॉजिस्ट

पूर्व चिकित्सा परीक्षार्थी मेडांता हॉस्पिटल, दिल्ली

कासलटोटे एम.एम.ओ. (एम.के.एम.सी.एच.)

मैडिकल कॉलेज, मुजफ्फरपुर

NAME : PANKAJ KUMAR SINHA	AGE/SEX : 51 YRS/MALE	Receipt No : 6108
DATE : 25/11/23	REFERRED BY : NEW B.K HOSPITAL	

USG WHOLE ABDOMEN

Liver - Mild enlarged in size measure approx (15.40cm) with grade I fatty changes. Homogenous echotexture. No IHBRD/ focal SOL is seen. Hepatic vessels are normal. PV (8mm) normal. Portal hepatitis normal

Gall bladder - Normal physiological distension. No calculus in lumen. Wall thickness is normal. CBD - normal.

Pancreas - is visualized head, body and tail and body measure approx (17mm) normal in size and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

Spleen - Measure approx (11.44cm) normal in size and normal echotexture.

Both kidneys - RK - measure approx (11.12 x 5.28cm). LK - measure approx (10.63 x 5.55cm) normal in size outline and cortical echotexture Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal. No calculus is seen.

Urinary bladder - partially distended

Prostate - Mild enlarged in size measure approx (39cc).

Prevoid - 130cc

Postvoid - 75cc (significant)

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- MILD HEPATOMEGALY.
- GRADE I FATTY LIVER.
- GRADE I PROSTATOMEGALY.
- PVR SIGNIFICANT.
- GASEOUS ABDOMEN.

DR. INDRAJEET KUMAR
MD. (RADIODIAGNOSIS)

Consultant Radiologist

ADV - PLEASE CORRELATE CLINICALLY.

नोट : यहाँ Liver Abscess एवं Pleural Effusion मशीन के द्वारा देख कर निकाला जाता है।

Sex Selection & Detection is not done in this centre and is punishable under the pc-pndt act.

यहाँ पर प्रसव पूर्व लिंग (पैदा होने से पहले लड़का या लड़की) की पहचान नहीं की जाती है। यह दण्डनीय अपराध है।

NOT FOR MEDICO LEGAL PURPOSE





REPORT

NAME : PANKAJ KUMAR SINHA
LAB REF NO. B9P5274

AGE : 51

SEX : 0

COLLECTED ON : 25/11/2023 12:14

REGISTERED ON : 25/11/2023 12:14

REPORTED ON : 29/11/2023 10:58

Report Status : Final

REFERRED BY DR. NISHA KUMARI,
MBBS

Ref. Lab :

Tests	Results	Biological Reference Range	Units
KIDNEY FUNCTION TEST			
TEST NAME	FINDING	NORMAL VALUE	
Blood Urea	22.70	(10-40 mg/dl)	mg/dl
Serum Creatinine	0.90	(0.5-1.5 mg/dl)	mg/dl
Blood Urea Nitrogen(BUN)	10.60	(8-20 mg/dl)	mg/dl
Serum Uric Acid	4.70	(1.5-7.0 mg/dl)	mg/dl
Serum Sodium(Na)	142.0	(135 to 145 mEq/L)	mEq/L
Serum Potassium(K)	4.16	(3.5 to 5.5 mEq/L)	mEq/L
Serum Chlorides(Cl)	101.0	(98-107 mEq/L)	mEq/L

K.F.T

KFT are simple tests that measure certain substances in your blood and urine. These substances are related to filtration in kidneys, which give an idea of kidney function. These tests mainly detect levels of serum creatinine and blood urea nitrogen, which are done through a blood test. A 24-hour urine sample may be taken to detect creatinine clearance from the body and filtration rate of the kidneys. There are other parameters like protein, albumin, minerals, electrolytes, etc., which may also be checked, depending on the type of kidney tests.

*** End of Report ***

MDAD Ali
Lab. Technician

Lab. Technician

DR. MD. MDAD ALI
MBBS-MD (PAT)
Signature
REG. NO.-34729



B.K. LAB

(Full Auto Pathology Lab)
Sunil Singh Complex, Jahuar Bazar, Hajipur

REPORT

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MBBS

Ref. Lab :

Tests	Results	Biological Reference Range	Units
THYROID PROFILE, TOTAL SERUM			
T3, Total	174.0	(70.00 - 200.00) ng/mL	ng/mL
T4, Total	8.5	(04.00 - 13.00) ng/mL	ng/mL
TSH	2.9	(0.30 - 4.50) uIU/mL	uIU/mL

TSH	REFERENCE RANGE IN Uiu/mL
Pregnancy	
1st Trimester	0.25-4.33
2nd Trimester	0.43-6.61
3rd Trimester	0.38-6.22

- Not : 1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m . and at a minimum between 6- 10 pm.The variation is of the order of 50 % , hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 each unbound fraction or free levels as it is metabolically active.
 3. Physiological rise in total T3/T4 levels is seen in pregnancy and in Pregnancy and in Patients on steroid therapy.

Clinical use :

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary Hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Test done by Tosoh (Japan) AIA -360 FEIA Method

*** End of Report ***

MD. IMDD ALI
Signature

Lab. Technician

DR. MD. IMDD ALI
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MBBS

Ref. Lab :

Tests	Results	Biological Reference Range	Units
GLYCOSYLATED HB			
TESTNAME	FINDING		
Glycosylated Hemoglobin (GHb/HbA1c)	9.50		%

Hb1AC:

INTERPRETATION:

- Non Diabetic : 4.5-6.5 %
- Good Control : 6.5-7.0 %
- Fair Control : 7.0-8.0 %
- Poor Control : 8.0 & Above

*** End of Report ***

MR. D. K. SINGH
Date

Lab. Technician

DR. MD. AMDAD ALI
MBBS, MD (PAT)
REG. NO. 34729



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(Full Auto Pathology Lab)
Sunil Singh Complex, Jhauari Bazar, Hajipur

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MBBS

Ref. Lab :

Tests	Results	Biological Reference Range	Units
STOOL-ROUTINE EXAMINATION			
GROSS EXAMINATION			
Colour	Brown		
Consistency	Soft		
Blood	Absent		
Mucus	Absent		
MICRO-SCOPIC EXAMINATION			
Ova	Absent		
Cysts	Absent		
Pus Cells	1-2/hp		
RBCs	Absent		
Others	Absent		

*** End of Report ***

MR. D. K. SINGH
SHE

Lab. Technician

DR. MD. IMDAD ALI
MBBS, M.D. (PAT)
REG. NO. - 34729

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EMERGENCY
24x7 SERVICE



B.K. LAB

(Full Auto Pathology Lab)
Sunil Singh Complex, Jahazli Bazar, Hajour

REPORT

NAME : PANKAJ KUMAR SINHA

AGE : 51

SEX : 0

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MBBS

Ref. Lab :

Tests	Results	Biological Reference Range	Units
COMPLETE BLOOD COUNT(CBC)			
Haemoglobin	14.0	(M=12-16,F=11-15 gm%)	gm%
W.B.C Count	8,540	(4000-11000 cmm)	cmm
DIFFERENTIAL COUNT OF W.B.C			
Neutrophils	65.0	40-75 %	%
Lymphocytes	32.9	20-50 %	%
Eosinophils	1.6	01-06 %	%
Monocytes	0.5	02-08 %	%
Basophils	00	00-01 %	%
R.B.C	4.6	(3.5-5.5 mill./cumm)	mill./cumm
P.C.V/HCT	45.3	(34-47%)	%
M.C.V	89.5	(80-96/cu μ m)	/cu μ m
M.C.H	32.2	(27.5-33.2 Pg)	Pg
M.C.H.C	36.0	(33.4-35.5%)	%
R.D.W.(CV)	13.1	(11.0-16.0 %)	%
R.D.W.(SD)	47.7	(35.0-56.0 fL)	fL
MPV	13.2	(6.5-12.0 fL)	fL
Platelets Counts	1,52,000	(1,50,000-4,50,000/ μ l)	/ μ l
PCT	0.200	(0.108-0.282 %)	%
P-LCR	26.4	(11.0-45.0 %)	%
P-LCC	33.7	(30-90 $10^9/l$)	$10^9/l$
PDW	26.5	(9.0-17.0 fL)	fL

*** End of Report ***

MIR D. IC GIVI
DATE

Lab. Technician

DR. MD. IMDAD ALI
MBBS, MD (PAT)
REG. NO. - 34789 of 9

EMERGENCY
24 hr SERVICE



B.K. LAB

(Full Auto Pathology Lab)
Suri Singh Complex, Jahazi Bazar, Hajipur

REPORT

NAME : PANKAJ KUMAR SINHA AGE : 51 SEX : 0
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 Report Status : Final REFERRED BY DR. NISHA KUMARI, Ref. Lab :
 MBBS

Tests	Results	Biological Reference Range	Units
ESR Report			
TEST NAME	FINDING	Normal	
First Hour	10	(M=up to 10,F=up to 20 mm)	mm
Second Hour	20		mm
Average	10.00		
A B O Group	"A"		
RH TYPING	Positive		
BLOOD SUGAR (F)	175.0	(70-110 mg/dl)	mg/dl
BLOOD SUGAR(PP)	225.0	(110 -140 mg/dl)	mg/dl
GAMA GT	23.0	(5 - 50 IU/L)	IU/L
P.S.A	1.9	(0-4 ng/ml)	ng/ml

Interpretation Result :

Male : < 4 ng/ML

Female : <0.5 ng/ML

Note1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age². False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy³. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding⁴. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels⁵. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations⁶. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri -urethral & anal glands, cells of male urethra & breast milk⁷. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity⁸. Recommended assay for PSA levels between 4-10 ng/mL (gray zone) is OncoPro Prostate Screen. It helps physicians to decide if biopsy is necessary Recommended Testing Intervals• Pre-operatively (Baseline)• 2-4 days post-operatively• Prior to discharge from hospital• Monthly followup if levels are high or show a rising trend

*** End of Report ***

MA. D. K. SINHA
2023

Lab. Technician

DR. MD. IMDAD ALI
 MBBS, MD (PAT)
 REG. NO. -34729



