


wide - 87.6
Hiba - 168
B.P - 163/109
plus - 132%

 आ धार

पता: S/O मोहनलाल, बादशाहपुर
सिरौली, गाजियाबाद,
उत्तर प्रदेश - 201102

Address S/O Mohanlal,
Badshahpur Sirauli,
Ghaziabad,
Uttar Pradesh - 201102

6566 8331 3560

1947
1800 300 1947

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P.O. Box No. 1947
Bangalore-560 001

SJM SUPER-SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.E.S., M.D (Medicine)
Sr. Consultant, physician
Reg. No. 30639 (DMC)

 भारत सरकार

मनोज कुमार
Manoj Kumar
जन्म तिथि/ DOB: 09/05/1973
पुरुष / MALE

6566 8331 3560

मेरा आधार, मेरी पहचान

Manoj Kumar
Pho 9311033523



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)

10.12.2022

(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

Dr. Manoj Kumar C/O BOB

BP 164
110

-Tab. Stamlo.T ①] a/c Dew
Syp Mifate-o 80 80 - 80

1 x 7 days
Pz

10.12.2022

124/84

Penmil D ①] a/c BF
Mifeneo ①]

Stamlo.T ①] a/c Dew
Rozat.F 5 ①]

SJM SUPER SPECIALITY HOSPITAL

Dr. Vinod Kumar Bhat
M.B.B.S, MD (Medicine)
Sr. Consultant Physician
Reg. No. 30059 (DMC)

x 2 weeks

CGHS & AYUSHMAN BHARAT

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

Panels: 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)

Kumar, Mr manoj
ID: 12345
Visit: opd
09.05.1973 168 cm Male
49 Years 87.0 kg
Phone Number: 9311033523

10.12.2022 11:23:18
SJM Super Speciality Hospital
Sector-63, Chhijarsi, Noida
Gautam Budhha Nagar, UP-201307

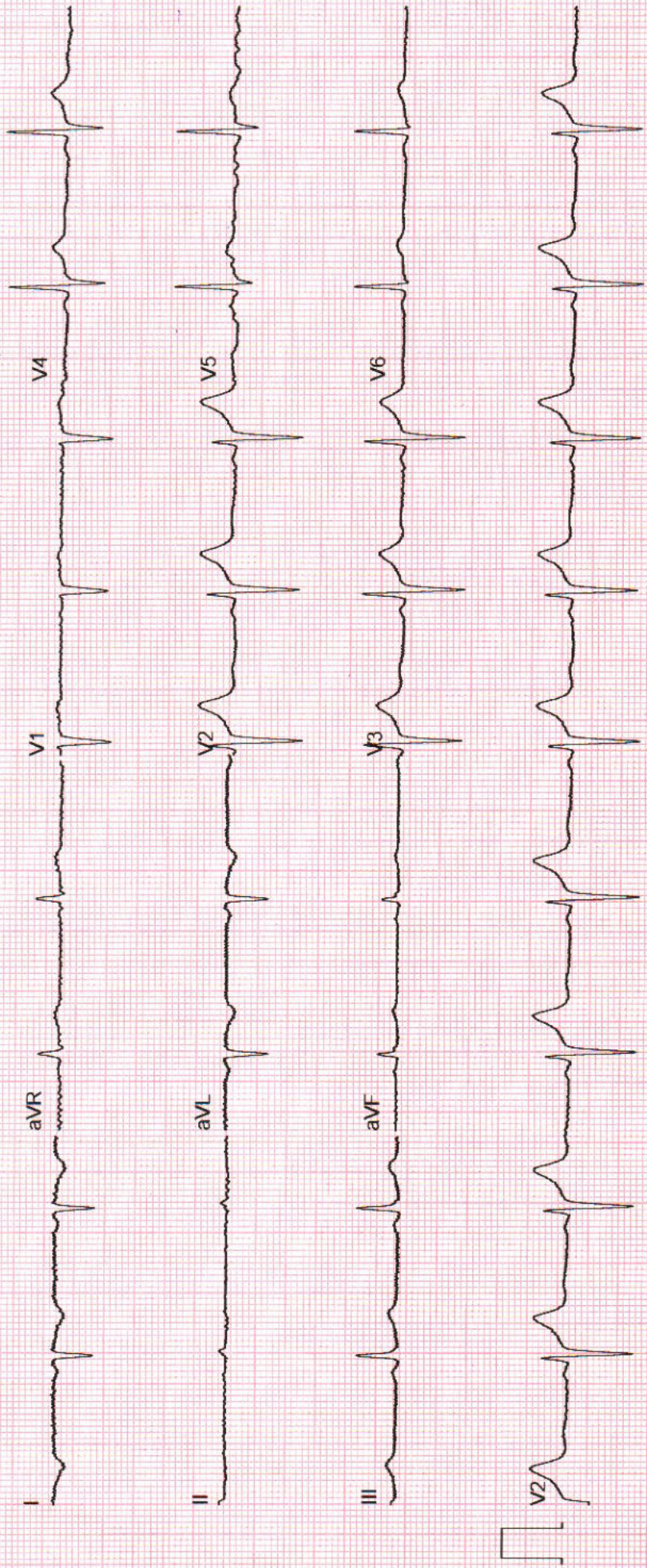
QRS : 78 ms
QT / QTcBaz : 414 / 409 ms
PR : - ms
P : - ms
RR / PP : 1020 / 1016 ms
P / QRS / T : - / 152 / 153 degrees

*** Suspect arm lead reversal, interpretation assumes no reversal
Sinus bradycardia with short PR
Lateral infarct, age undetermined
Possible inferior infarct, age undetermined
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinay Kumar Bhat
M. B.S., M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30639 (DMC)

59 bpm
-- / -- mmHg



Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **MR. Manoj Kumar**

Age /sex: **49Yrs/Male**

Date: **10/12/2022**

ECHO WINDOW: FAIR

	Observed values (mm)		Normal values (mm)
Aortic root diameter	2.6		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.8		19 - 40
	End Diastole (mm)	End Systole (mm)	Normal Values (mm)
Left Ventricle size	4.2	2.6	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(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	

SJM SUPER SPECIALITY HOSPITAL

Dr. Vinod Kumar Bhat
 M.B.B.S, M.D (Medicine)
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Ultrasound Report

Regurgitation: -

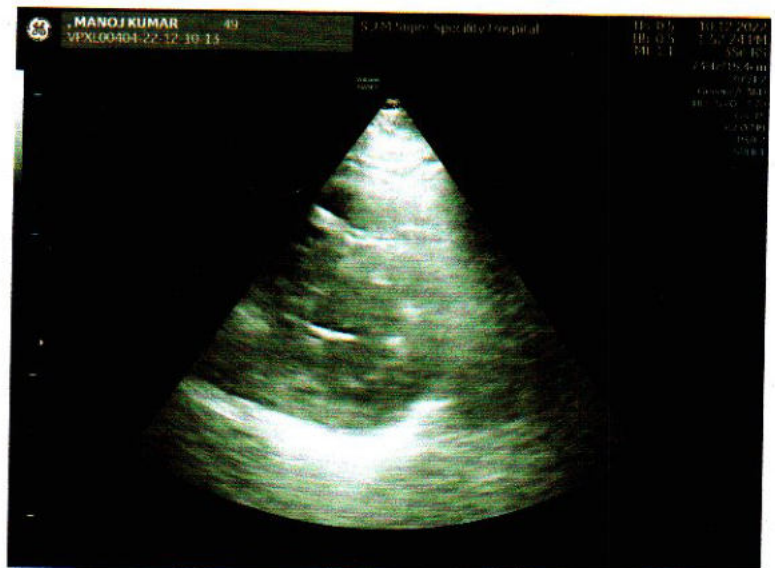
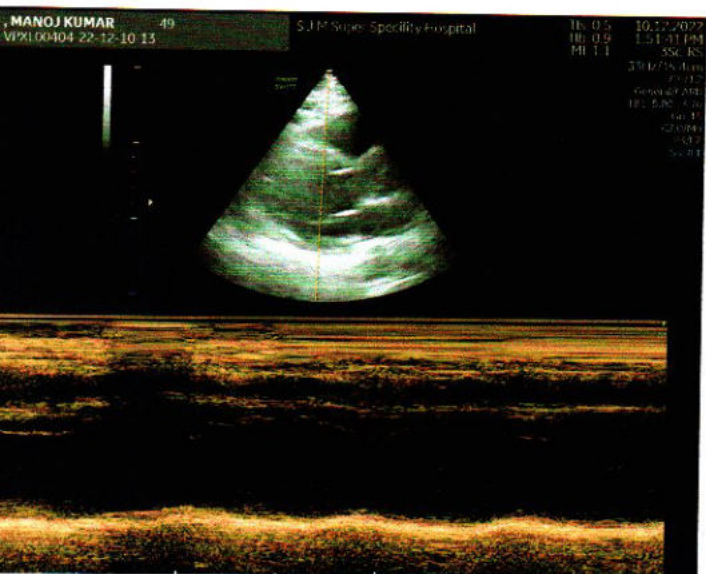
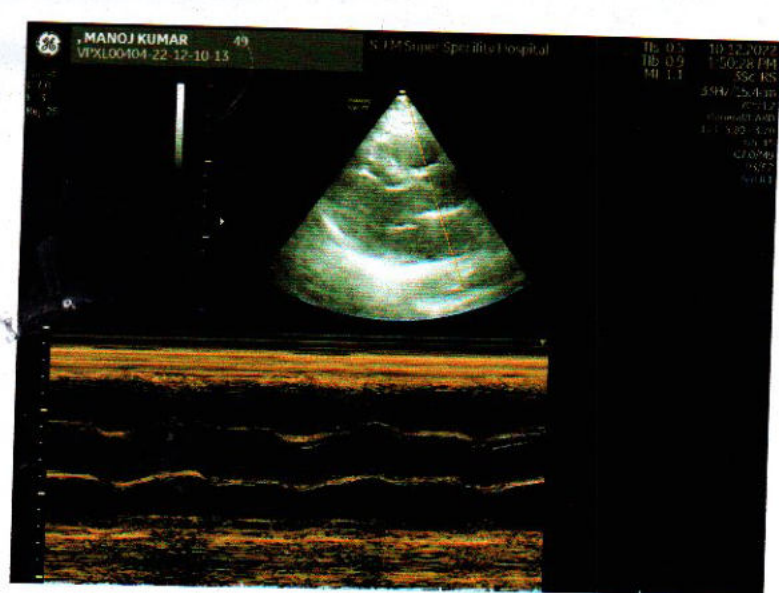
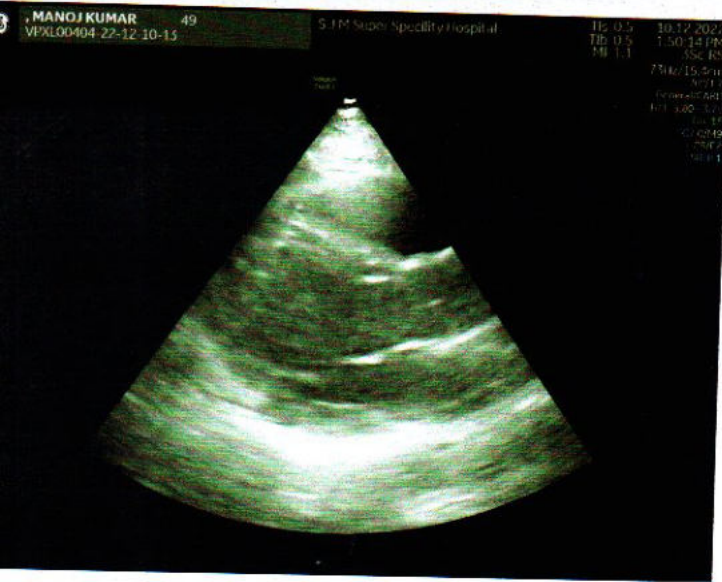
MR = NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

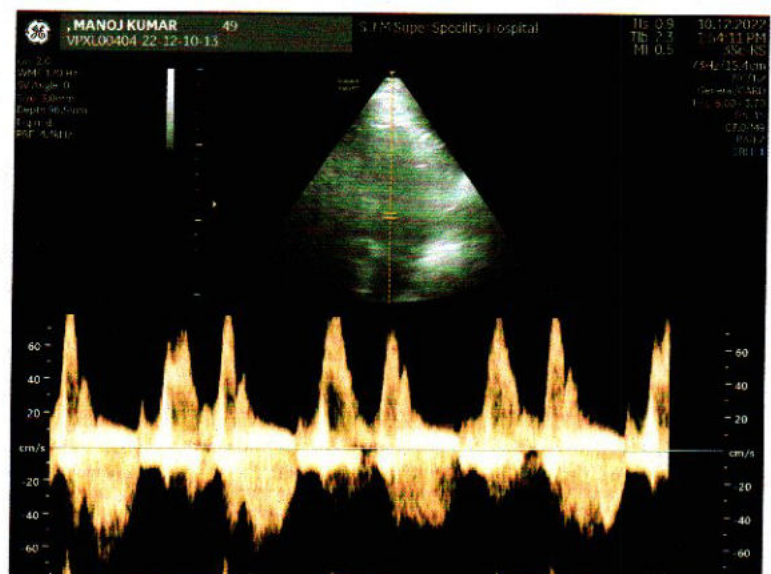
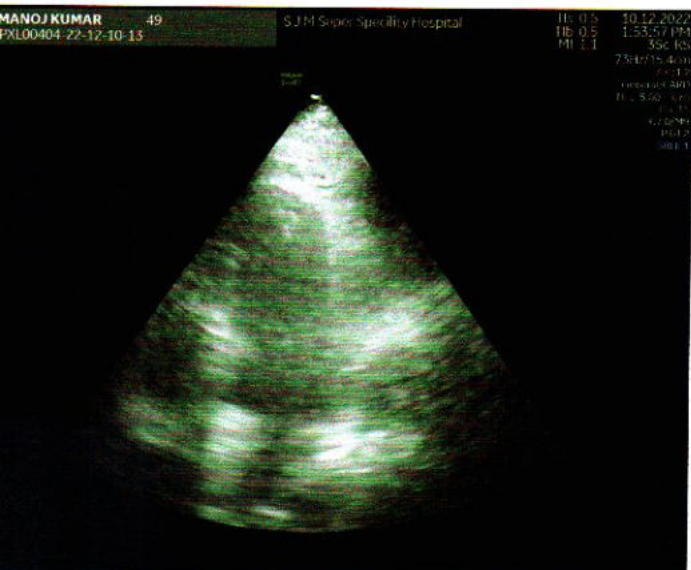
- 1.) No LV RWMA; LVEF: 60%
- 2.) No MR/MS NO AS/AR,NO TR
- 3.) No Intracardiac clot, vegetation, pericardial effusion

DR. AMIT KOTHARI

Non-Interventional Cardiologist.



SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
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Sr. Consultant Physician
Reg. No. 30959 (DMC)



Laboratory Report

Lab Serial no.	: LSHHI236319	Mr. No	: 97338
Patient Name	: Mr. MANOJ KUMAR	Reg. Date & Time	: 10-Dec-2022 09:34 AM
Age / Sex	: 49 Yrs / M	Sample Receive Date	: 10-Dec-2022 09:46 AM
Referred by	: Dr. SELF	Result Entry Date	: 10-Dec-2022 01:58PM
Doctor Name	: Dr. SELF	Reporting Time	: 10-Dec-2022 01:58 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	16.3	gm/dl	12.5 - 16.0
TLC	7.4	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	57	%	40 - 70
Lymphocyte	32	%	20 - 40
Eosinophil	09	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.41	Thousand / UI	3.8 - 5.10
P.C.V	46.4	million/UI	00 - 40
M.C.V.	85.8	fL	78 - 100
M.C.H.	30.1	pg	27 - 31
M.C.H.C.	35.1	g/dl	32 - 36
Platelet Count	1.02	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)	06	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)	106.7	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.

SJM SUPER SPECIALITY HOSPITAL

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technician :

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Page 1

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	207.0	mg/dl	< - 200
HDL Cholesterol	51.6	mg/dl	35.3 - 79.5
LDL Cholesterol	107.4	mg/dl	50 - 150
VLDL Cholesterol	48.0	mg/dl	00 - 40
Triglyceride	240.0	mg/dl	00 - 170
Cholesterol/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	113.7	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

SJM SUPER SPECIALITY HOSPITAL
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technician :

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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

KFT,Serum

Blood Urea	16.6	mg/dL	18 - 55
Serum Creatinine	0.80	mg/dl	0.7 - 1.3
Uric Acid	6.8	mg/dl	3.5 - 7.2
Calcium	9.2	mg/dL	8.8 - 10.2
Sodium (Na+)	143.1	mEq/L	135 - 150
Potassium (K+)	4.21	mEq/L	3.5 - 5.0
Chloride (Cl)	103.1	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	7.76	mg/dL	7 - 18
PHOSPHORUS-Serum	3.36	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

SJM SUPER SPECIALITY HOSPITAL
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technician :

Typed By : Mr. BIRJESH

Page 1


Dr. Swati Chandel
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Pathologist & Microbiologist

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST,Serum			
Bilirubin- Total	0.67	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.28	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.39	mg/dL	0.2 - 1.2
SGOT/AST	40.4	IU/L	00 - 35
SGPT/ALT	76.4	IU/L	00 - 45
Alkaline Phosphate	58.0	U/L	53 - 128
Total Protein	7.05	g/dL	6.4 - 8.3
Serum Albumin	4.26	gm%	3.50 - 5.20
Globulin	2.79	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.53	%	

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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technician :

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Page 1

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Age/Sex : 49 Yrs /M	Sample Collection Date : 10-Dec-2022 09:46 AM
Referred By : SELF	Sample Receiving Date : 10-Dec-2022 09:46 AM
Doctor Name : Dr. SELF	ReportingTime : 10-Dec-2022 01:58 PM
OPD/IPD : OPD	:

TEST NAME

VALUE

ABO

"O"

Rh

NEGATIVE

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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 Sr. Consultant Physician
 Reg. No. 30639 (DMC)

Mr. BIRJESH

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

Swati
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10-12-2022
Dr. Bupinder Zutshi
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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

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

SJM SUPER SPECIALITY HOSPITAL
 Dr. Vikas Kumar Bhat
 M.D. D.C., M.D. (Medicine)
 Sr. Consultant Physician
 Reg. No. 30610 (DMIC)

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

Swati
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

10-12-2022
Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist



DIAGNOSTICS

Patient Name : Mr. MANOJ KUMAR	Registration No
Age/Sex : 49 Y/Male	Registered : 10/Dec/2022
Patient ID : 012212100010	Collection : 10/Dec/2022 10:33AM
Barcode : 10128040	Received : 10/Dec/2022 10:48AM
Ref. By : Self	Reported : 10/Dec/2022 03:50PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
HbA1C(Glycosylated Hemoglobin):EDTA			
Hb A1C, GLYCOSYLATED Hb ,EDTA HPLC	6.40	%	
Average Glucose Calculated	136.98	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.

Jhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY
 SJM SUPER SPECIALITY HOSPITAL
 Dr. (S) (Microbiology)
 M.B.B.S. (Microbiology)
 Sr. Consultant Physician
 Reg. No. 30639 (DMC)

Priyanka
Dr. Priyanka Rana
 MD Pathology





DIAGNOSTICS

Patient Name : Mr. MANOJ KUMAR
Age/Sex : 49 Y/Male
Patient ID : 012212100010
Barcode : 10128040
Ref. By : Self
SRF No. :
Aadhar-Nation : - Indian

Registration No : 120166
Registered : 10/Dec/2022
Collection : 10/Dec/2022 10:33AM
Received : 10/Dec/2022 10:48AM
Reported : 10/Dec/2022 03:50PM
Panel : SJM Hospital
Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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.			
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 ***

SJM SUPER SPECIALITY HOSPITAL
 Dr. Consultant (Physician)
 Reg. No. 30639 (DMCI)

J. Bhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka Rana
Dr. Priyanka Rana
 MD Pathology





DIAGNOSTICS

Patient Name : Mr. MANOJ KUMAR
 Age/Sex : 49 Y/Male
 Patient ID : 012212100032
 Barcode : 10128079
 Ref. By : Self
 SRF No. :
 Aadhar-Nation : - Indian

Registration No : 120205
 Registered : 10/Dec/2022
 Collection : 10/Dec/2022 01:50PM
 Received : 10/Dec/2022 01:58PM
 Reported : 10/Dec/2022 03:37PM
 Panel : SJM Hospital
 Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE.(TFT)SERUM*			
T3 ,Serum	127.00	ng/dl	69-215
T4 ,Serum	8.80	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	1.9	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

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SJM SUPER SPECIALITY HOSPITAL
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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



mc - 3486



DIAGNOSTICS

Patient Name : Mr. MANOJ KUMAR	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
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(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 ***

J. Bhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

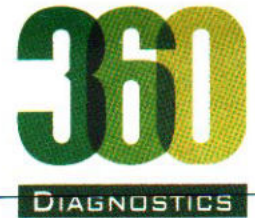
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Patient Name : Mr. MANOJ KUMAR	Registration No
Age/Sex	Registered
Patient ID	Collection
Barcode	Received
Ref. By	Reported
SRF No.	Panel
Aadhar-Nation	Passport No.

Test Name	Value	Unit	Bio Ref.Interval
PSA TOTAL ,Serum ECLIA	0.60	ng/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, benign 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 requires 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. Serum 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 hyperplasia or other nonmalignant disorders as well as in prostate cancer. The PSA value should be used in conjunction 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 ***

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 MD Pathology



Ultrasound Report

Name: Mr. Manoj Kumar

Age: 49/M

Date: 10/12/2022

Ultrasound - Male Abdomen

Liver: Liver appears fatty degeneration 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 evidence of calculus seen in gall bladder meas. 23mm.

PANCREAS:- Pancreas is normal in size. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN:- Spleen show normal in size, shape and homogeneous echopattern. 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 calculi on right side. **Left 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. No free ascetic fluid or pleural effusion seen.

IMPRESSION:- Fatty liver grade 1.

Cholilithiasis.

Left renal concretions.

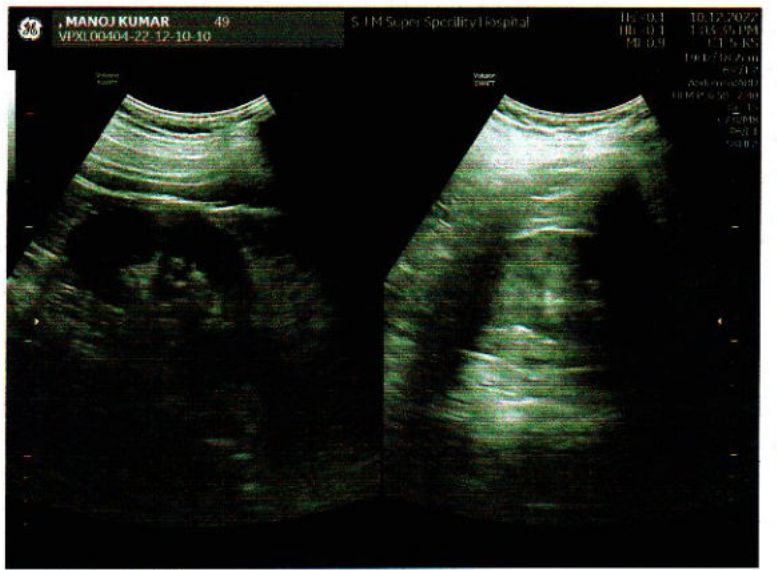
DR. PUSHPA KAUL

For SJM Super Speciality Hospital

SJM SUPER SPECIALITY HOSPITAL

DR. P.K GUPTA

Dr. Vinod Kumar Ghat
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X-Ray Report

Patient ID.	20537 OPD	Name	MR MANOJ KUMAR	Sex/Age	M/49Y
Date	10-12-2022 10:56 AM	Ref. Physician	SELF	CHEST, CHEST	

X-RAY CHEST PA VIEW

OBSERVATION:

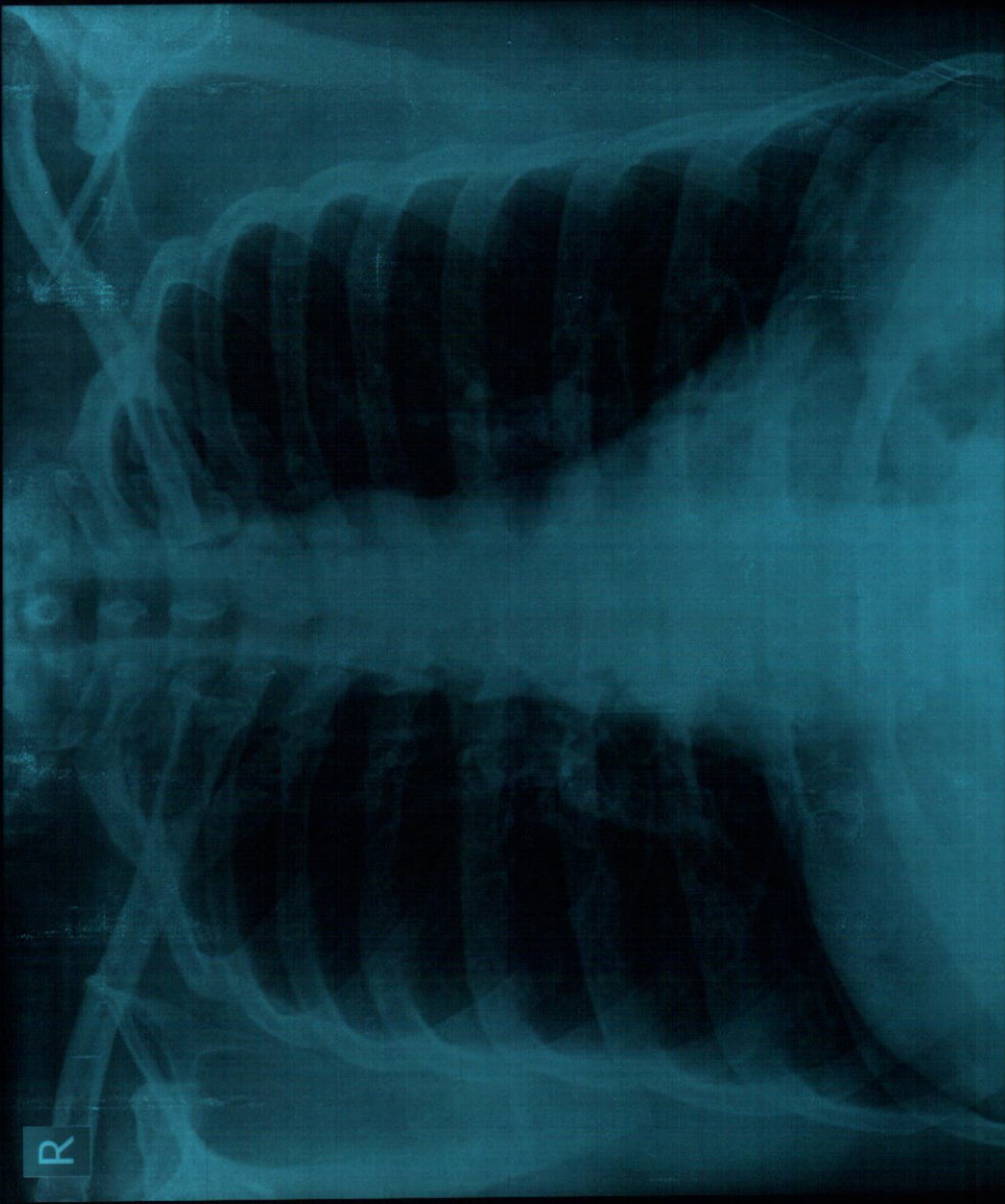
- The lung fields are clear.
- Both hila are normal.
- Cardiophrenic and costophrenic angles are normal.
- The trachea is central.
- The mediastinal and cardiac silhouette are normal.
- Cardiothoracic ratio is normal.
- Bones of the thoracic cage are normal.
- Soft tissues of the chest wall are normal.

IMPRESSION:

- No significant abnormality seen.

Dr. SANTOSH BHARAT RATHOD
MBBS, DNB
CONSULTANT RADIOLOGIST

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
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R

MR MANOJ KUMAR 49 Male
CHEST

PA

SELF

20537 OPD

10/12/2022 10:23:58 AM

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