



R. Choudhary
8700154400



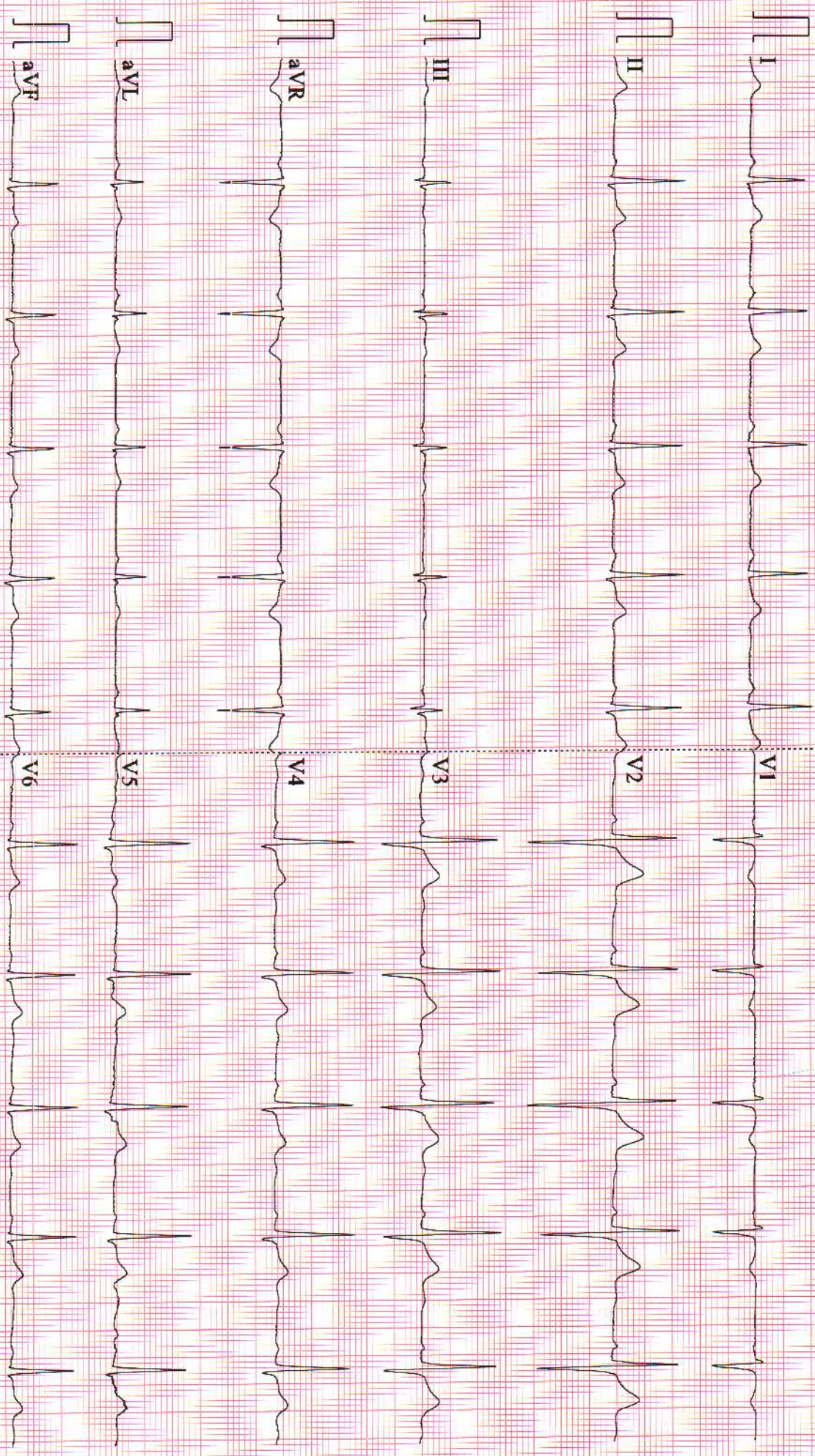
MR RAM KUMAR CHOUDHARY
Male 41 Years

HR : 63 bpm
P : 98 ms
PR : 146 ms
QRS : 94 ms
QT/QTc : 395/405 ms
P/QRS/T : 0/35/37 °
RV5/SV1 : 1.385/0.753 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:


SJM Super Speciality Hospital
IVF & Trauma Center
Dr. Ankit Kumar Kohari
MBBS, MD (Medicine)
Reg. No-52955



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s 63 V2.2 SEMIP V1.81 SJM SUPER SPECIALITY HOSPITAL SEC 63



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)

(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)

Mr. Ram Kumar Choudhary

41x1M

16/7/22

① Cap Vizylee Arch ⑩

*② Cap Arch 60 IC weeks
α 2 mts*

*③ 7. Raciya 40 EL 5
celladistya
α 15 mts*

SJM Super Speciality Hospital
IVF & Trauma Center
Dr. Amit Kumar Kothari
MBBS, MD (Medicine)
Reg. No-52955

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, DIIS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parakh 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)

- 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)
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 - Dr. Jaisika Rajpal
 - (MDS), (Periodontist & Implantologist)
 - Dr. Akash Arora
 - (MDS), Maxillofacial Surgeon
 - Dr. Deepa Maheshwari
 - M.B.B.S., MD, FRM, (IVF Specialist)
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 - 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

Ultrasound Report

Name: Mr. Ram Kumar

Age: 41/M

Date: 16/07/2022

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 either side

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.

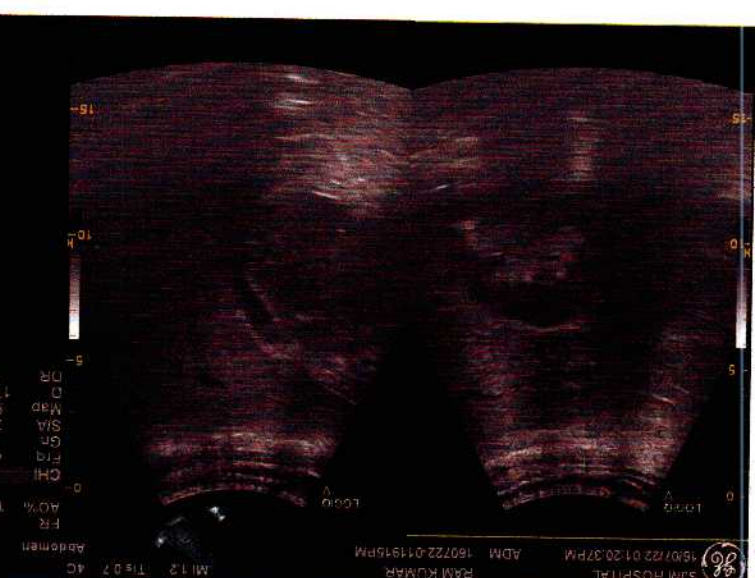
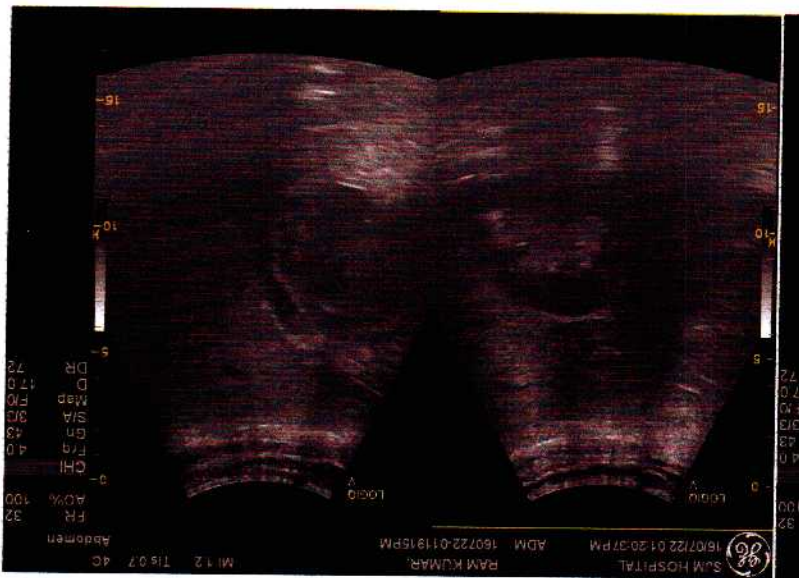
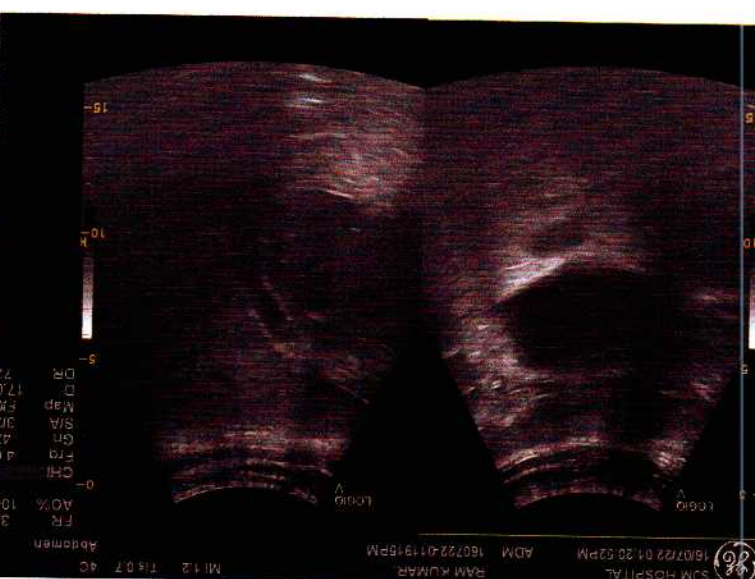
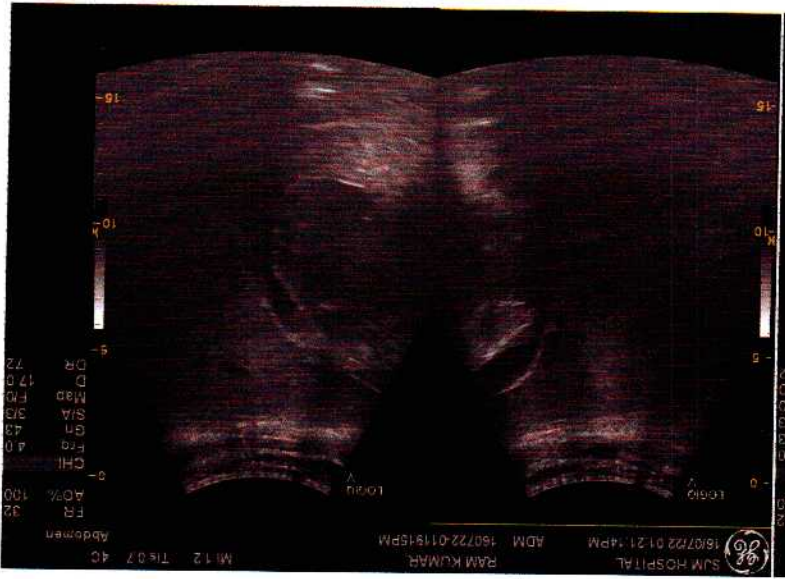
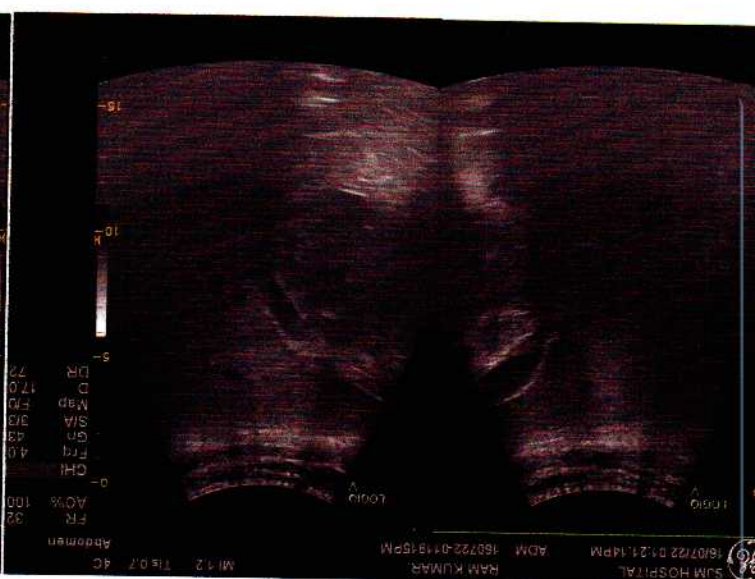
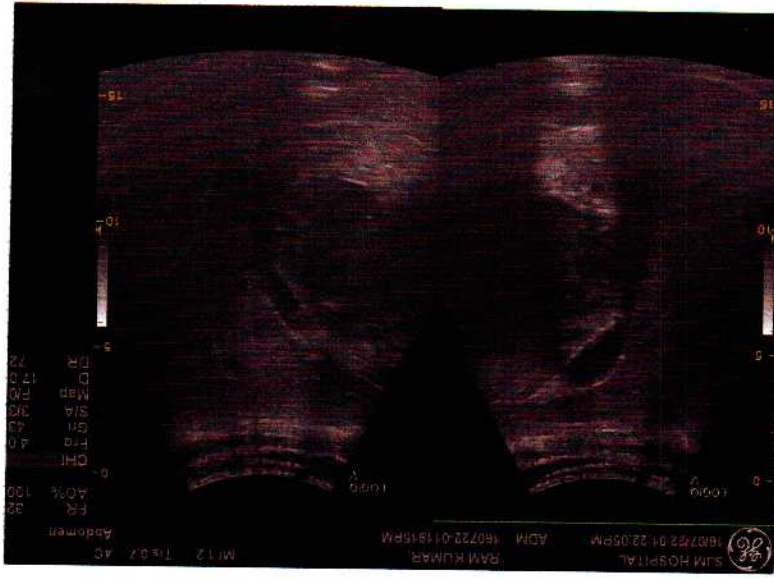
IMPRESSION: Fatty liver grade 1.

DR.PUSHPA KAUL

DR.P.K GUPTA

For SJM Super Speciality Hospital





PATIENT SUMMARY REPORT

SJM HOSPITAL AND IVF CENTRE

ID : 123
NAME : RAM KUMAR CHODHARY
AGE / SEX : 41 / MALE

HEIGHT (cm) : 0
WEIGHT (kg) : 0
PROTOCOL : BRUCE

REF BY : DR. VIJOND BHAT
DONE BY :
TECHNICIAN :

CASE HISTORY

MEDICATION

OBJECT OF TEST : Routine Check Up.

RISK FACTOR : None.

ACTIVITY : Very Active.

OTHER INVESTIGATION : X - Ray.

REASON FOR TERMINATION : Max HR.

EXERCISE TOLERANCE : Good (> 10 METS).

EXERCISE INDUCED ARRHYTHMIAS : No.

HAEMO RESPONSE

CHRONO RESPONSE

FINAL IMPRESSION : Stress Test is Negative for Inducible Ischemia.

EXTRA COMMENTS

: Good effort tolerance, No reproduction of symptoms test is negative for fresh reversible myocardial
ischemia. CAD Probability low.


SJM Super Speciality Hospital
Dr. A. Anil Kumar Kothari
MBBS, MD (Medicine)
N & T Trauma Centre
Reg. No-5393955

Confirmed By : _____

Signature

ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 0/0 mmHg

STAGE : Pre-Test
RECORDED TIME : 00:32 (min:sec)
STAGE DURATION : 00:32 (min:sec)
HR : 71 bpm (39%)

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

DR. VIJND BHAT
Tested On 16-07-2022, 12
BPL DYNATRAC

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



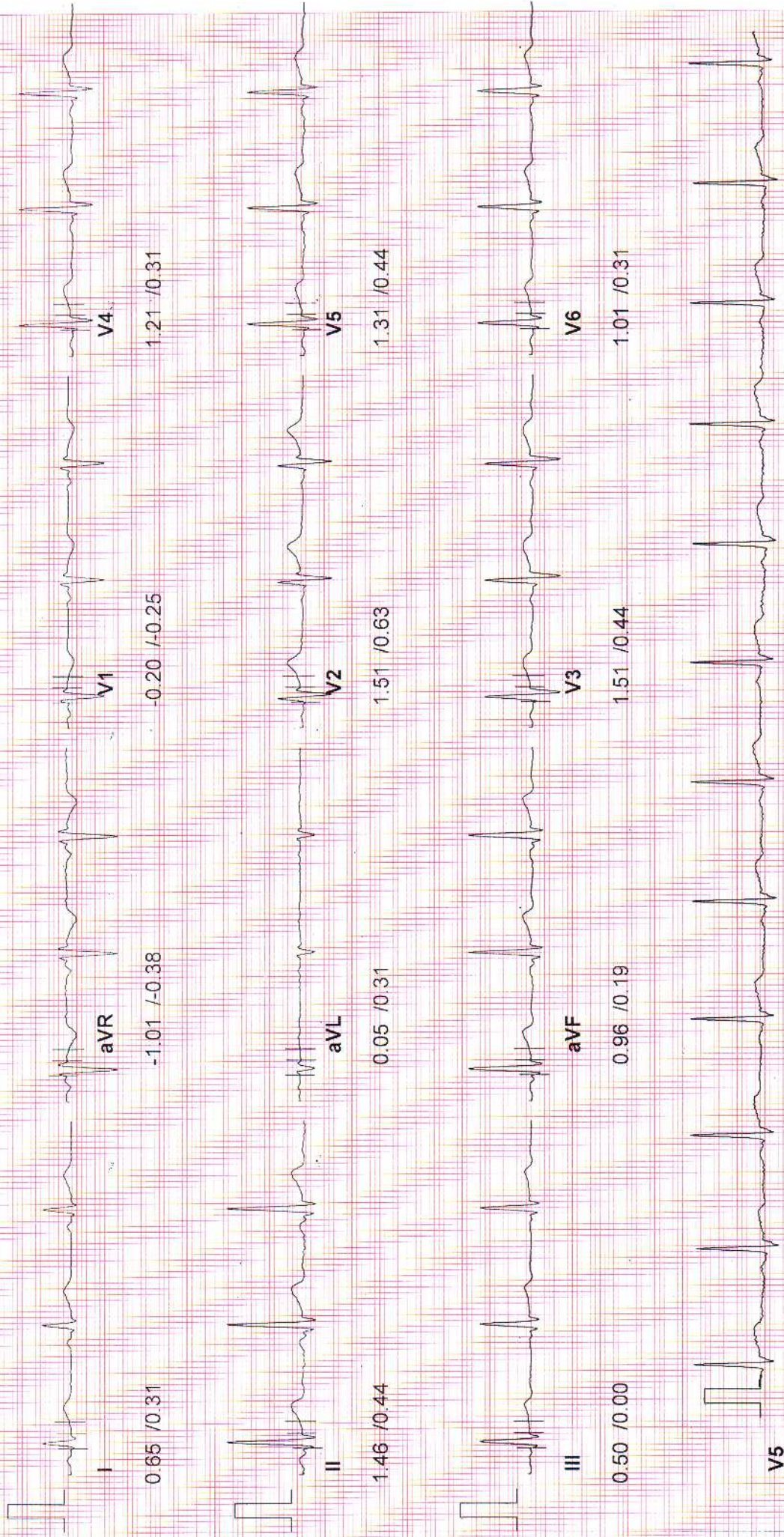
ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 0/0 mmHg

STAGE : Supine
RECORDED TIME : 01:16 (min:sec)
STAGE DURATION : 00:44 (min:sec)
HR : 73 bpm (40%)
METs : 0.00

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

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BPL DYNATRAC

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



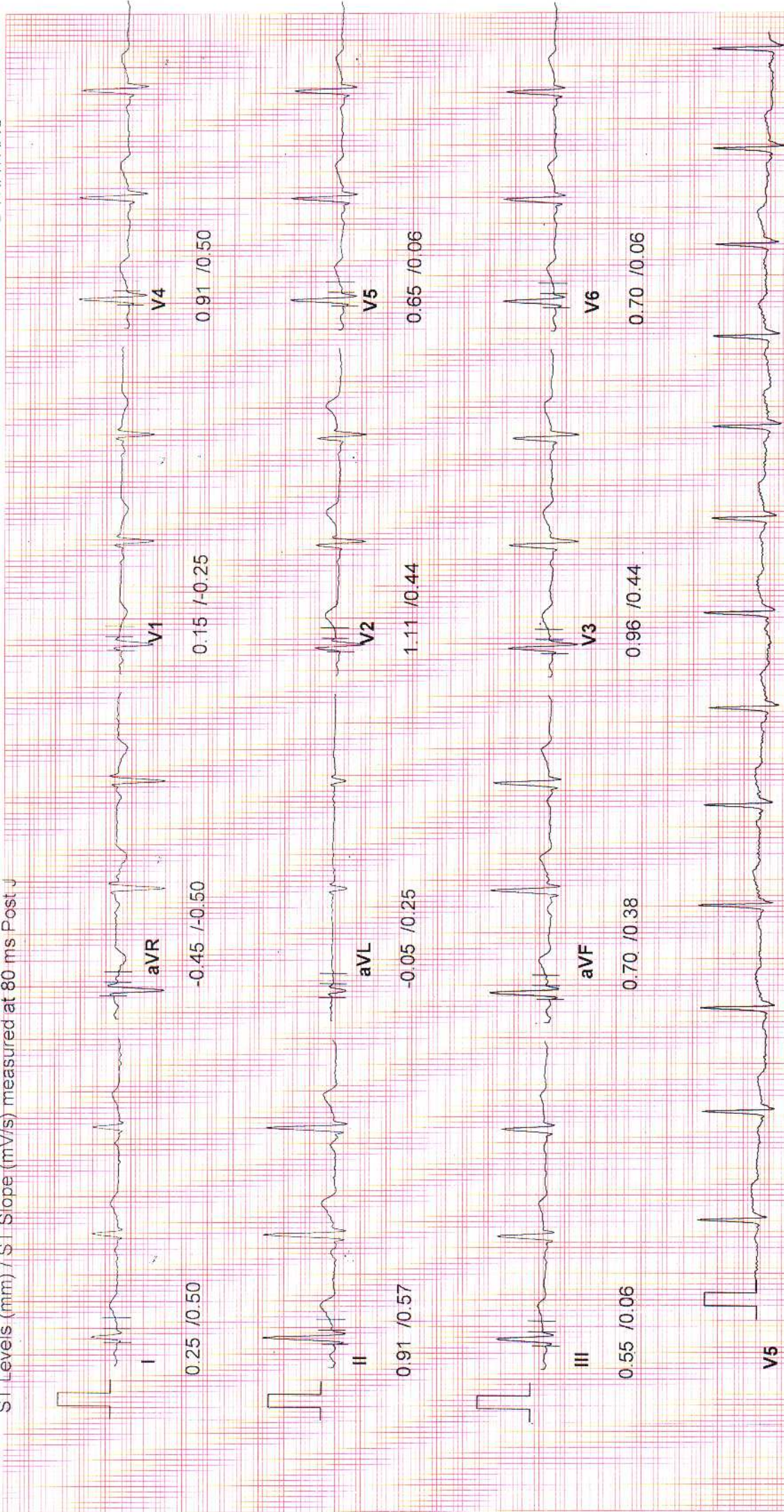
ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 0/0 mmHg

STAGE : Hyper Ventilation
RECORDED TIME : 01:42 (min.sec)
STAGE DURATION : 00:26 (min.sec)
HR : 74 bpm (41%)

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

DR. VIOND BHAT
Tested On 16-07-2022, 12
BPL DYNATRAC

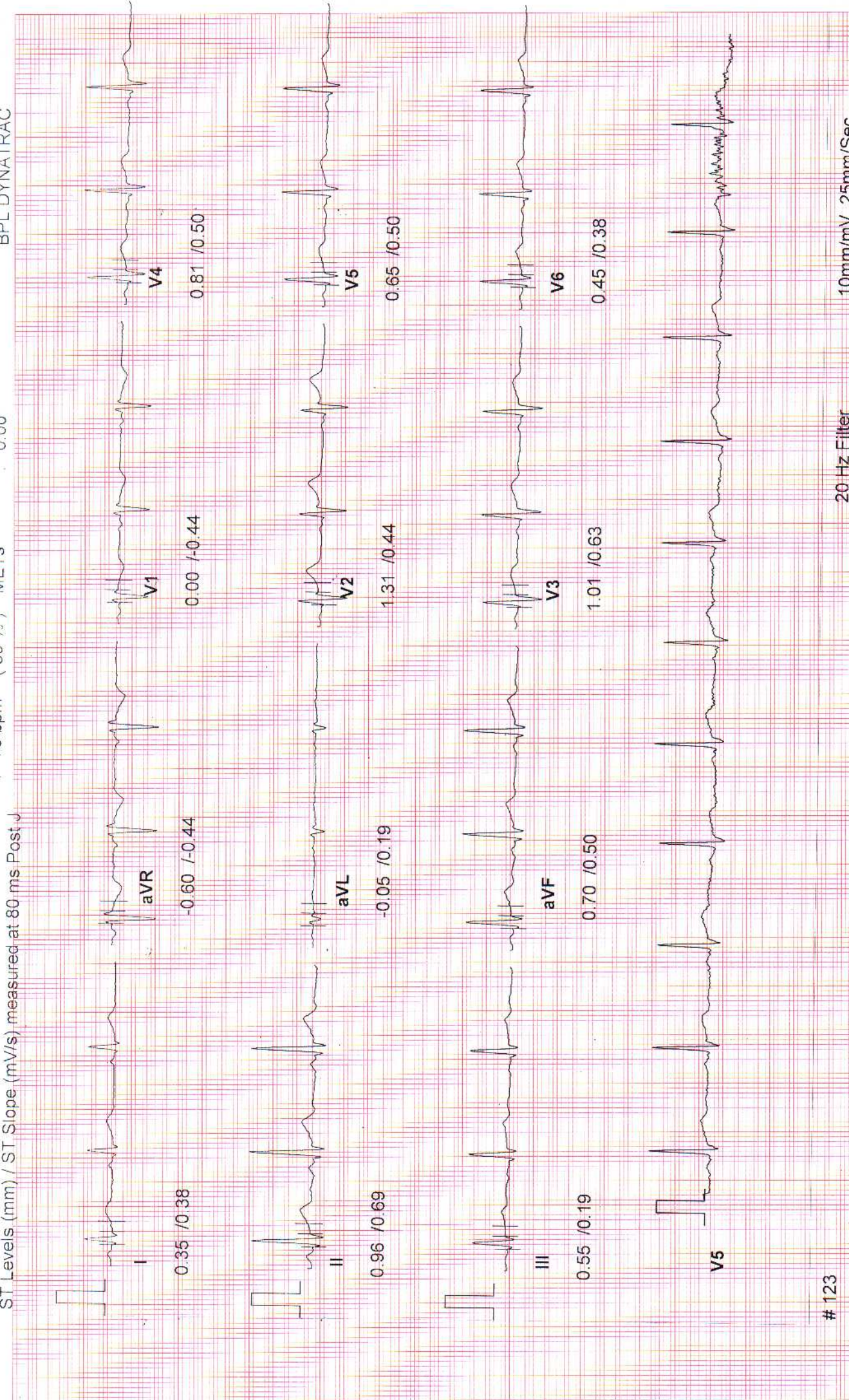
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 0/0 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Wait For Exercise
RECORDED TIME : 02:00 (min:sec)
STAGE DURATION : 00:18 (min:sec)
HR : 70 bpm (39%)
PROTOCOL : BRUCE
SPEED : 0.0 kmph
GRADE : 0.00 %
METS : 0.00

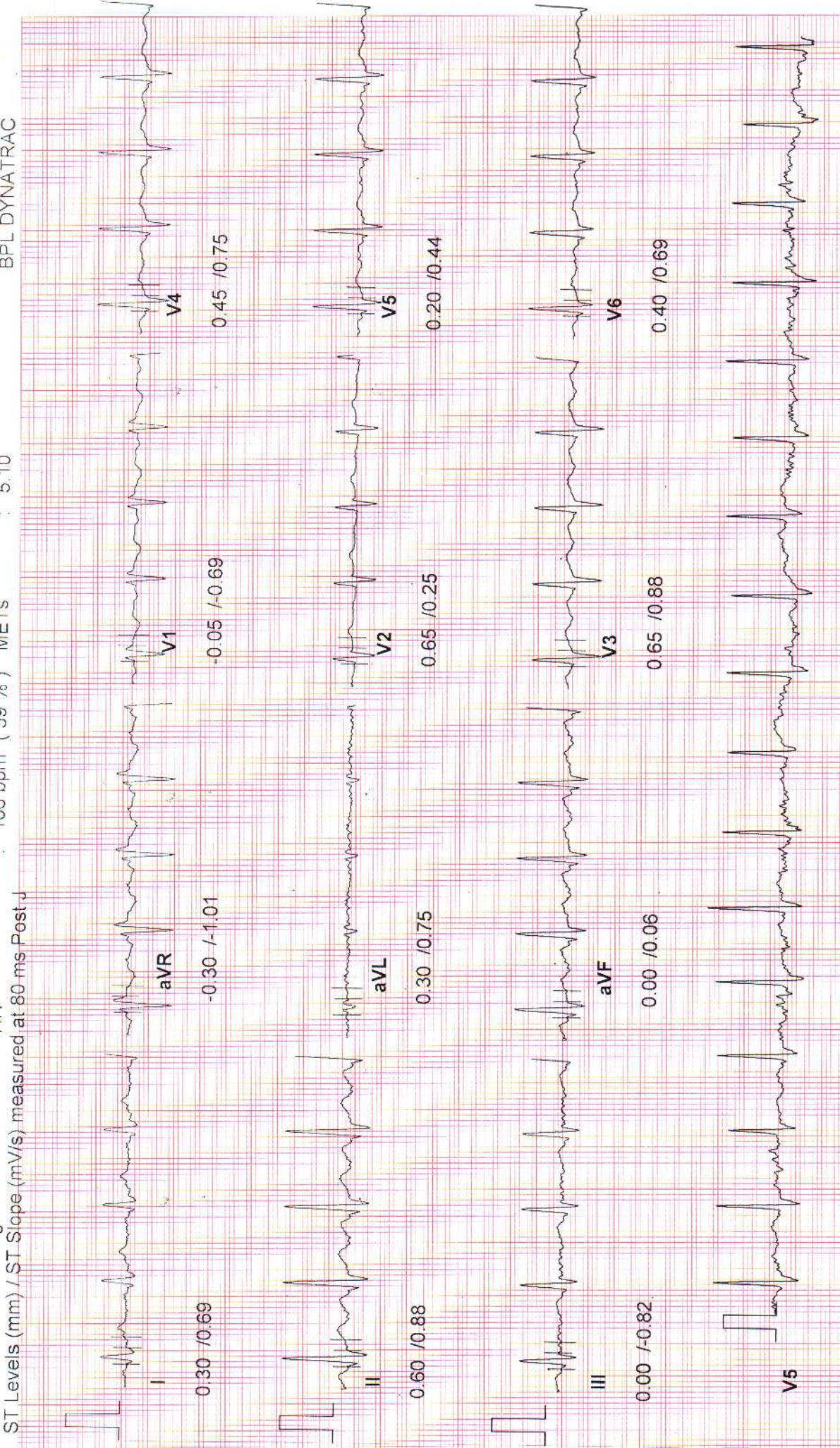
DR. VIOND BHAT
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BPL DYNATRAC



ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 120/70 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 : 106 bpm (59 %)
PROTOCOL : BRUCE
SPEED : 2.7 kmph
GRADE : 10.00 %
METS : 5.10

DR. VIOND BHAT
Tested On 16-07-2022, 12
BPL DYNATRAC



SJM HOSPITAL AND IVF CENTRE

ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 130/80 mmHg
STAGE : Exercise2
RECORDED TIME : 06:00 (min:sec)
STAGE DURATION : 03:00 (min:sec)
HR : 133 bpm (74 %)
METs : 7.10
PROTOCOL : BRUCE
SPEED : 4.0 kmph
GRADE : 12.00 %
BPL DYNATRAC

DR. VIJND BHAT
Tested On 16-07-2022, 12

ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J



DR. VIJOND BHAT
Tested On 16-07-2022, 12
BPL DYNATRAC

STAGE : Exercise3
RECORDED TIME : 09:00 (min:sec)
STAGE DURATION : 03:00 (min:sec)
HR : 164 bpm (91%)
METs : 10.00

ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 140/80 mmHg

BRUCE
5.5 kmph
14.00 %
10.00

ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J



0.00 /1.09

I

aVR

0.25 /-0.84

V1

0.00 /-0.84

V4

-0.35 /1.76



-0.25 /2.10

II

aVL

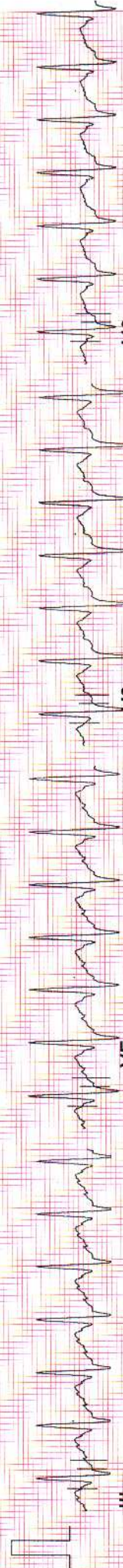
-0.15 /-1.01

V2

0.00 /0.08

V5

-0.75 /1.51



0.10 /2.01

III

aVF

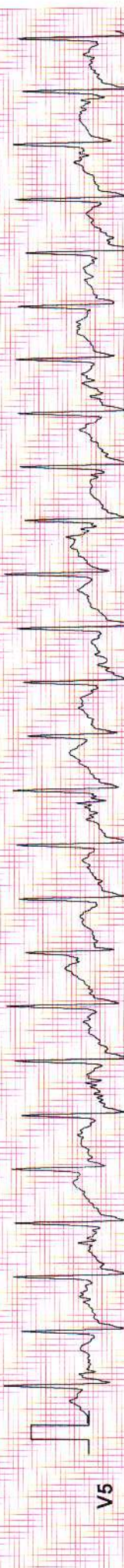
-0.55 /1.51

V3

-0.35 /1.59

V6

-0.86 /1.68



V5

ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 140/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise4(Peak Ex) PROTOCOL : BRUCE
RECORDED TIME : 09:26 (min:sec) SPEED : 6.8 kmph
STAGE DURATION : 00:26 (min sec) GRADE : 16.00 %
HR : 173 bpm (96 %) METs : 10.60

DR.VIOND BHAT
Tested On 16-07-2022, 12
BPL DYNATRAC



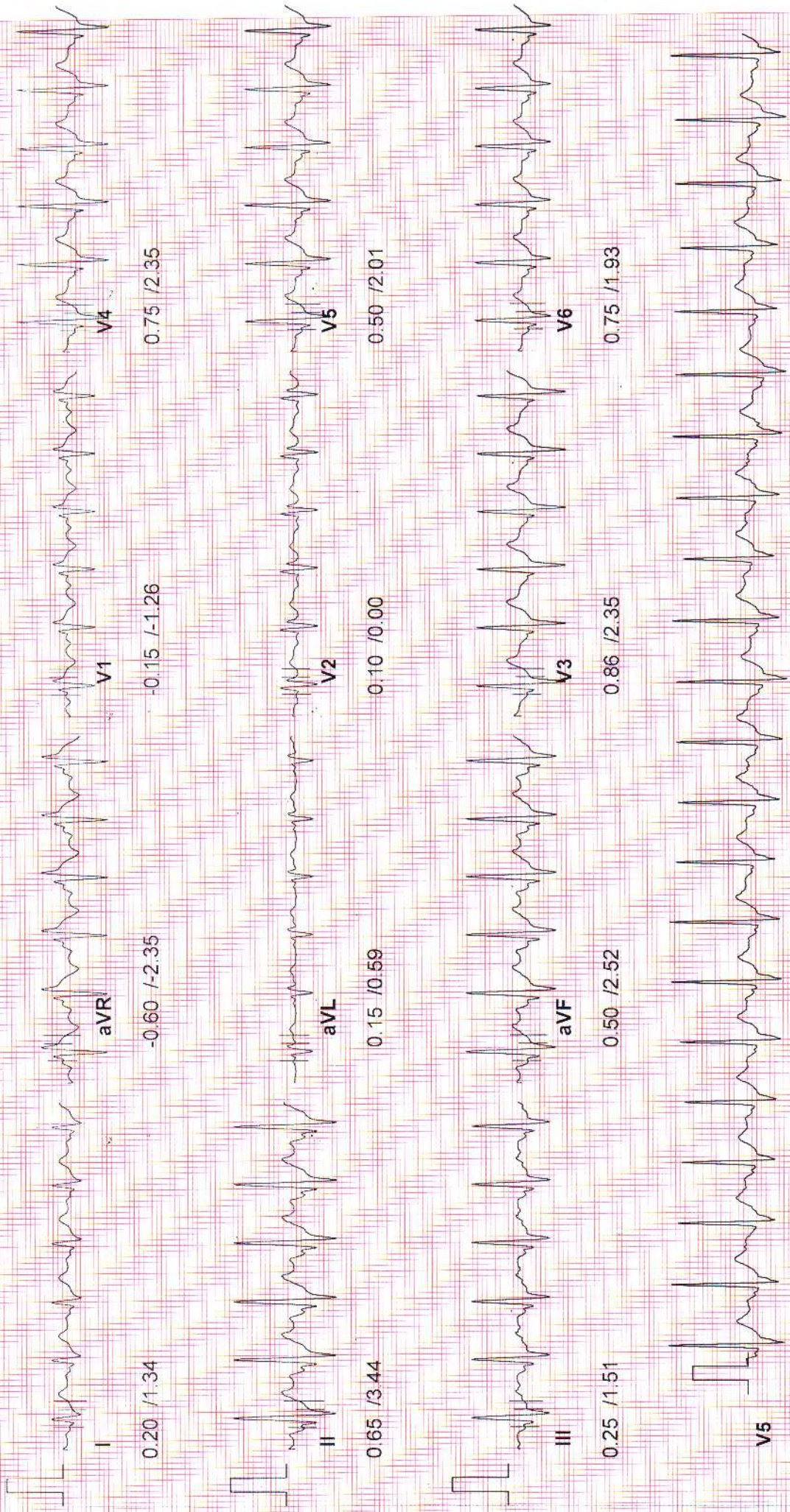
SJM HOSPITAL AND IVF CENTRE

DR. VIOND BHAT
Tested On 16-07-2022, 12
BPL DYNATRAC

STAGE : Recovery 1
RECORDED TIME : 00:59 (min:sec)
STAGE DURATION : 00:59 (min:sec)
HR : 139 bpm (77 %)
METs : 0.00

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

ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J



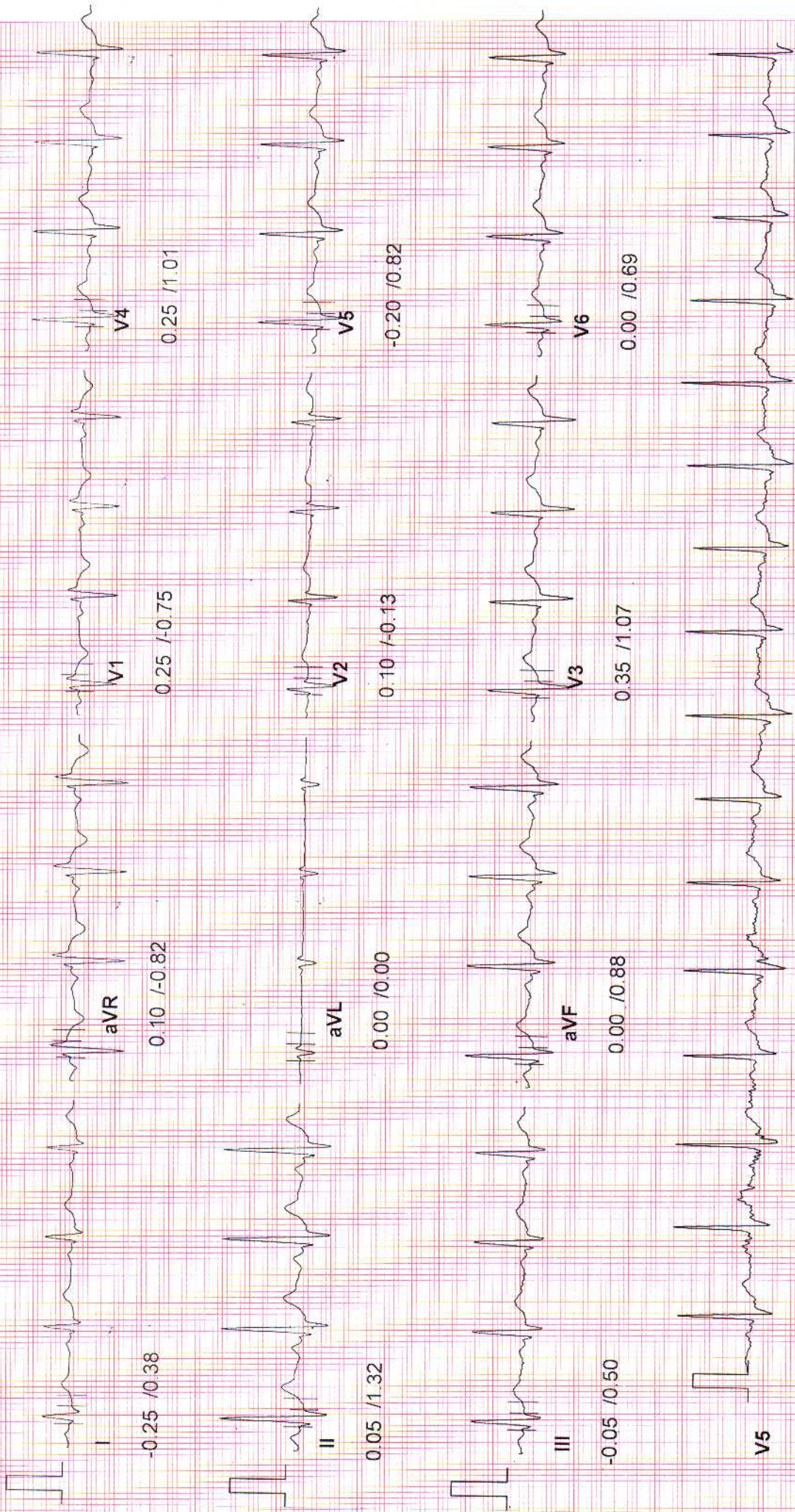
ID : 123
NAME : RAM KUMAR CHODHARY
AGE : 41
BP : 120/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Recovery 3
RECORDED TIME : 02:59 (min:sec)
STAGE DURATION : 02:59 (min:sec)
HR : 96 bpm (53%)
METs : 0.00

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

DR. VIJOND BHAT
Tested On 16-07-2022, 12
BPL DYNATRAC

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



Laboratory Report

Lab Serial no.	: LSHHI224251	Mr. No	: 93140
Patient Name	: Mr. RAM KUMAR CHOUDHARY	Reg. Date & Time	: 16-Jul-2022 02:02 AM
Age / Sex	: 41 Yrs / M	Sample Receive Date	: 16-Jul-2022 02:06 PM
Referred by	: Dr. SELF	Result Entry Date	: 16-Jul-2022 03:40PM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 16-Jul-2022 03:40 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	14.8	gm/dl	12.5 - 16.0
TLC	6.1	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	57	%	40 - 70
Lymphocyte	35	%	20 - 40
Eosinophil	06	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.88	Thousand / UI	3.8 - 5.10
P.C.V	42.9	million/UI	00 - 40
M.C.V.	87.8	fL	78 - 100
M.C.H.	30.3	pg	27 - 31
M.C.H.C.	34.5	g/dl	32 - 36
Platelet Count	2.60	Lacs/cumm	1.5 - 4.5

Comments:

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



Laboratory Report

Lab Serial no. : LSHHI224251	Mr. No : 93140
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Age / Sex : 41 Yrs / M	Sample Receive Date : 16-Jul-2022 02:06 PM
Referred by : Dr. SELF	Result Entry Date : 16-Jul-2022 03:40PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 16-Jul-2022 03:40 PM
OPD : OPD	

HAEMATOLOGY

results	unit	reference
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ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	12	mm/1hr	00 - 22
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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
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LIPID PROFILE, Serum

S. Cholesterol	112.0	mg/dl	< - 200
HDL Cholesterol	27.6	mg/dl	35.3 - 79.5
LDL Cholesterol	59.9	mg/dl	50 - 150
VLDL Cholesterol	24.5	mg/dl	00 - 40
Triglyceride	122.7	mg/dl	00 - 170
Cholestrol/HDL RATIO	4.1	%	

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.

technician :

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Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 16-Jul-2022 03:40 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
<u>BLOOD SUGAR (PP), Serum</u>			
SUGAR PP	103.4	mg/dl	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

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	75.7	mg/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



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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	35.3	mg/dL	18 - 55
Serum Creatinine	0.83	mg/dl	0.7 - 1.3
Uric Acid	5.6	mg/dl	3.5 - 7.2
Calcium	8.9	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	141.2	mEq/L	135 - 150
Potassium (K ⁺)	3.48	mEq/L	3.5 - 5.0
Chloride (Cl)	104.6	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	16.50	mg/dL	7 - 18
PHOSPHORUS-Serum	3.23	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



technician :

Typed By : Mr. BIRJESH

Laboratory Report

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Age / Sex : 41 Yrs / M	Sample Receive Date : 16-Jul-2022 02:06 PM
Referred by : Dr. SELF	Result Entry Date : 16-Jul-2022 03:40PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 16-Jul-2022 03:40 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
<u>LIVER FUNCTION TEST,Serum</u>			
Bilirubin- Total	0.52	mg/dL	00 - 2.0
Bilirubin- Direct	0.25	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.27	mg/dL	0.2 - 1.2
SGOT/AST	23.0	IU/L	00 - 35
SGPT/ALT	25.1	IU/L	00 - 45
Alkaline Phosphate	70.0	U/L	53 - 128
Total Protein	7.39	g/dL	6.4 - 8.3
Serum Albumin	4.21	gm%	3.50 - 5.20
Globulin	3.18	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.32	%	

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



SJM SUPER SPECIALITY HOSPITAL

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Laboratory Report

Lab Serial No.	: LSHHI224251	Reg. No.	: 93140
Patient Name	: MR. RAM KUMAR CHOUDHARY	Reg. Date & Time	: 16-Jul-2022 02:02 AM
Age/Sex	: 41 Yrs /M	Sample Collection Date	: 16-Jul-2022 02:06 PM
Referred By	: SELF	Sample Receiving Date	: 16-Jul-2022 02:06 PM
Doctor Name	: Dr. AMIT KOTHARI	ReportingTime	: 16-Jul-2022 03:40 PM
OPD/IPD	: OPD		:

TEST NAME

VALUE

ABO

"B"

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 an RH negative.

Centre for Excellent Patient Care



Mr. BIRJESH

Swati
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist
 16-07-2022



SJM SUPER SPECIALITY HOSPITAL

Sector-63, Noida, NH-9, Near Hindon Bridge
 Tel.: 0120-6530900 / 10 Mob.: +91 9599259072
 E-mail.: email@sjmhospital.com
 Web.: www.sjmhospital.com



Laboratory Report

Lab Serial No.	: LSHH1224251	Reg. No.	: 93140
Patient Name	: MR. RAM KUMAR CHOUDHARY	Reg. Date & Time	: 16-Jul-2022 02:02 AM
Age/Sex	: 41 Yrs /M	Sample Collection Date	: 16-Jul-2022 02:06 PM
Referred By	: SELF	Sample Receiving Date	: 16-Jul-2022 02:06 PM
Doctor Name	: Dr. AMIT KOTHARI	ReportingTime	: 16-Jul-2022 03:40 PM
OPD/IPD	: OPD		:

URINE SUGAR (Fasting)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PP)

CHEMICAL EXAMINATION

Glucose : Nil



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 39292 (MCI)

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

16-07-2022



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Laboratory Report

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OPD/IPD : OPD	:

STOOL EXAMINATION TEST

PHYSICAL EXAMINATION

Color: Yellow
 Consistency: Semi- Loose
 Blood: Nil
 Mucus: Nil
 Pus: Nil

CHEMICAL REACTION

Reaction: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 2-3 /HPF
 RBC's: nil
 Ova: nil
 Cyst: nil
 Bacteria: nil
 Others: nil



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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
 Color: Yellow
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
 Glucose: nil
 PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 3-4 /HPF
 RBC's: nil
 Crystals: nil
 Epithelial cells: 2-3 /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.



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REPORT



360

DIAGNOSTICS

Patient Name : Mr. RAM KUMAR CHOUDHARY

Registration No : 97384

Age/Sex : 41 Y/Male

Registered : 16/Jul/2022

Patient ID : 012207160043

Collection : 16/Jul/2022 03:49PM

Barcode : 10101166

Received : 16/Jul/2022 06:50PM

Ref. By : Self

Reported : 16/Jul/2022 07:19PM

SRF No. :

Panel : SJM Hospital

Aadhar-Nation :- Indian

Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
PSA TOTAL ,Serum ECLIA	0.40	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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Patient Name : Mr. RAM KUMAR CHOUDHARY	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
THYROID PROFILE,(TFT)SERUM			
T3 ,Serum	72.00	ng/dl	69-215
T4 ,Serum ECLIA	6.50	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	0.7	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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Patient Name : Mr. RAM KUMAR CHOUDHARY

Age/Sex : 41 Y/Male

Patient ID : 012207160043

Barcode : 10101166

Ref. By : Self

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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	Raised	Within range	T3 toxicosis
Within range			Non-Thyroidal illness

TSH(μ IU/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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Test Name	Value	Unit	Bio Ref.Interval
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HbA1C(Glycosylated Hemoglobin):EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric	5.20	%	
Average Glucose Calculated	102.54	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.

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.
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

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Test Name	Value	Unit	Bio Ref.Interval
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patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting 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 glycemc 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.

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