

- आर्य समाज की पहचान -

VID : 5123 7497 8350 4322

6238 2334 4138

आर्य कुमार सिंह
 Ashish Kumar Singh
 पुरुष / MALE
 DOB: 21/09/1989

भारत सरकार
 GOVERNMENT OF INDIA






भारतीय विशिष्ट पहचान प्राधिकरण
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार

पता:
 गण राज सिंग, आर जे-ई-7, ए एच नं- 15/19 टॉप फ्लोर,
 रघु मंगर, दक्षिण पश्चिमी दिशा,
 दिल्ली - 110045

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P.O. Box No.1947,
 Bengaluru-560 001

Ashish
 9313190666

20-78.6.1989

Mr ashish kumar
ID: 0000

02.10.2024 10:37:31 AM
sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

73 bpm
--/-- mmHg

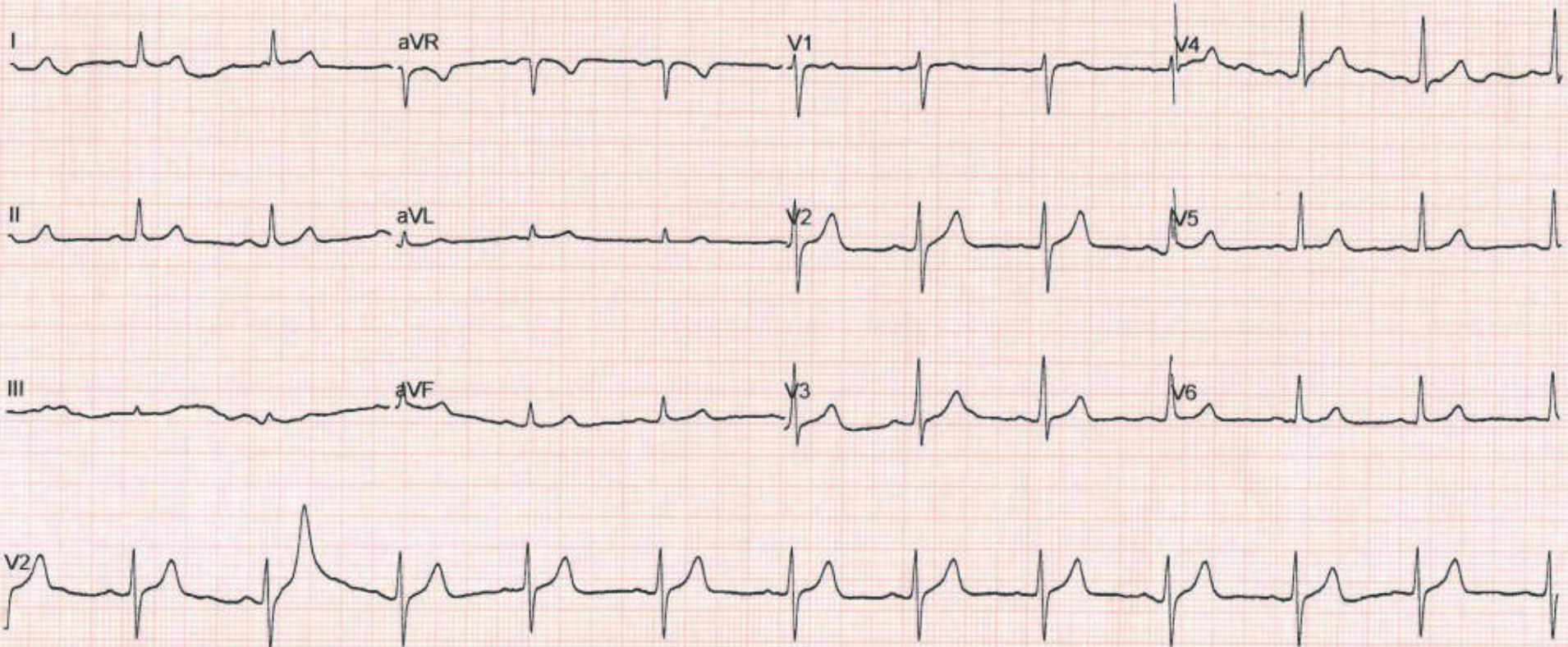
35 Years

Male

QRS : 74 ms
QT / QTcBaz : 360 / 396 ms
PR : 156 ms
P : 106 ms
RR / PP : 826 / 821 ms
P / QRS / T : 40 / 40 / 41 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Laboratory Report

Lab Serial no.	: LSHHI303640	Mr. No	: 122043
Patient Name	: Mr. ASHISH KUMAR SINGH	Reg. Date & Time	: 02-Oct-2024 04:20 AM
Age / Sex	: 35 Yrs / M	Sample Receive Date	: 02-Oct-2024 07:30 PM
Referred by	: Dr. SELF	Result Entry Date	: 03-Oct-2024 08:40AM
Doctor Name	: Dr. Vineet Gupta	Reporting Time	: 03-Oct-2024 08:40 AM
OPD	: OPD		

BIOCHEMISTRY

results unit reference

GGT / GAMMA GT

GAMMA G.G.T.P 32 U/l < - 55

Comment:-

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

URIC ACID, Serum

Uric Acid 6.60 mg/dl 3.5 - 7.2

Comment:

Uric acid is the end product of purine metabolism. Uric acid is excreted by the kidneys. Increased levels are found in Gout, arthritis, impaired renal functions & starvation. Decreased levels are found in yellow atrophy of the liver.

BUN / BLOOD UREA NITROGEN, Serum

BUN/ Blood Urea Nitrogen 14.67 mg/dL 7 - 18



technician :

Typed By : Mr. Anurag Sharma

Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

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

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BIOCHEMISTRY

results unit reference

CREATININE-SERUM

Serum Creatinine 0.82 mg/dl 0.7 - 1.3

Comments:

A creatinine test is a measure of how well your kidneys are performing their job of filtering waste from your blood. Creatinine is a chemical compound left over from energy-producing processes in your muscles. Healthy kidneys filter creatinine out of the blood. Creatinine exits your body as a waste product in urine.

CALCIUM TOTAL-SERUM, Serum

S.CALCIUM 10.30 mg/dl 8.8 - 10.2

Comment:

Calcium is an important ion present in the body. Mainly it is found in bones. In serum calcium exists equally in a free ionized form & also in a bound form with albumin. Calcium helps in enzyme activation, muscle contraction, coagulation of blood, regulation of some hormonal secretions & cell membrane permeability.

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HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	13.60	gm/dL	12.0 - 17.0
TLC	7.68	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	46	%	40 - 70
Lymphocyte	37	%	20 - 40
Eosinophil	12	%	01 - 06
Monocyte	05	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.66	Thousand / UI	3.8 - 5.10
P.C.V	40.90	million/UI	00 - 40
M.C.V.	87.80	fL	78 - 100
M.C.H.	29.20	pg	27 - 31
M.C.H.C.	33.30	q/dl	32 - 36
Platelet Count	1.64	Lacs/cumm	1.5 - 4.5

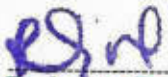
INTERPRETATION:

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



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HAEMATOLOGY

results	unit	reference
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ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	18	mm/1hr	00 - 22
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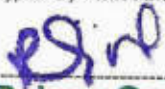
Comments

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.



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BIOCHEMISTRY

	results	unit	reference
HbA1C / GLYCATED HEMOGLOBIN / GHb			
Hb A1C	6.30	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	134.11	mg/dl	

INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CONTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.54	mq/dL	0.1 - 2.0
Bilirubin- Direct	0.24	mq/dL	0.0 - 0.20
Bilirubin- Indirect	0.30	mq/dL	0.2 - 1.2
SGOT/AST	42.80	IU/L	00 - 35
SGPT/ALT	71.70	IU/L	00 - 45
Alkaline Phosphate	72.00	U/L	53 - 128
Total Protein	8.42	q/dL	6.4 - 8.3
Serum Albumin	5.02	gm%	3.50 - 5.20
Globulin	3.40	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.48	%	

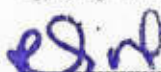
INTERPRETATION

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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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	284.00	mg/dl	< - 200
HDL Cholesterol	34.50	mg/dl	35.3 - 79.5
LDL Cholesterol	204.00	mg/dl	50 - 150
VLDL Cholesterol	45.50	mg/dl	00 - 40
Triglyceride	227.60	mg/dl	00 - 170
Cholestrol/HDL RATIO	8.20	%	3.30 - 4.40

INTERPRETATION:

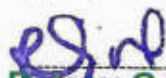
Lipid profile OR lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms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

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BIOCHEMISTRY

results unit reference

BLOOD SUGAR (PP), Serum

SUGAR PP 135.00 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

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F) 103.00 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.

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Referred By : SELF Sample Receiving Date : 02-Oct-2024 07:30 PM
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OPD/IPD : OPD :

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
Glucose: nil
PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 0-1 /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.




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TEST NAME

VALUE

ABO

“O”

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.




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Web.: www.sjmhospital.com



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URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil




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Customer Care Number
9599593622
9599593626



Accuracy Matters...

Barcode No	87723639	Lab No	12042410020145
Patient Name	Mr.ASHISH KUMAR	Reg Date	02/Oct/2024 03:50PM
Age/Sex	35 YRS/Male	Sample Coll. Date	02/Oct/2024 02:56 PM
Referred By	SELF	Sample Rec.Date	02/Oct/2024 04:58 PM
Client Code/Name	AP092917 SJM SUPER SPECIALITY HOSPITAL		
Ref. Lab/Hosp		Report Date	02/Oct/2024 07:11PM
Panel Address	SECTOR 63 , NOIDA NH-9 , NEAR HINDON BRIDGE GHAZIABAD UP		

.IMMUNO BIOCHEMISTRY-1

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Thyroid Profile-I [T3,T4,TSH]			
T3 (Trilodothyronine) <small>Serum, Chemi Luminescent Immuno Assay</small>	133	ng/dl	60-181
T4 (Thyroxine) <small>Serum, Chemi Luminescent Immuno Assay</small>	8.25	ug/dl	4.5-12.6
TSH (Ultrasensitive) <small>Serum, Electro Chemi Luminescent Immuno Assay</small>	3.57	uIU/mL	0.13-6.33

Comments:

- Our reference range applies the central 95th interval (2.5th – 97.5th quantile) according to the CLSI/IFCC guidelines EP28-A3c.
- A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.
- TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
- TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.
- A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
- Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-cma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Below mentioned are the guidelines for age reference ranges for T3,T4 and TSH results:

Age	Total T3 (ng/dl)	Total T4 (ug/dl)	TSH (uIU/ml)
1 - 6 days	73 - 288	5.04 - 18.5	0.7 - 15.0
6 days - 3 months	80 - 275	5.41 - 17.0	0.72 - 11.0
4 - 12 months	86 - 265	5.67 - 16.0	0.73 - 8.35
1 - 6 years	92 - 248	5.95 - 14.7	0.70 - 5.97
7 - 11 years	93 - 231	5.99 - 13.8	0.60 - 5.84
12 - 20 years	91 - 218	5.91 - 13.2	0.51 - 6.50
>20 years	60 - 181	4.50 - 12.6	0.13 - 6.33

TSH Level in pregnancy

First Trimester	0.10 – 2.5 uIU/ml
Second Trimester	0.20 – 3.0 uIU/ml
Third Trimester	0.30 – 3.0 uIU



Prashant
Dr. Prashant Goyal (DCP)
(Director & Chief Pathologist)
Reg. No. DMC-53016



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OPD/IPD : OPD :

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil




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36548 (MCI)

Mr. Anurag Sharma

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

Visit ID	: IQD148405	Registration	: 03/Oct/2024 12:24PM
UHID/MR No	: IQD.0000146057	Collected	: 03/Oct/2024 12:29PM
Patient Name	: Mr.ASHISH KUMAR	Received	: 03/Oct/2024 12:45PM
Age/Gender	: 35 Y O M O D /M	Reported	: 03/Oct/2024 02:25PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: Iqd2151
Employee Code	:	Barcode No	: 241000653



Test Name	DEPARTMENT OF HORMONE ASSAYS			
	Result	Unit	Bio. Ref. Range	Method
	VITAMIN D (25 OH)			
Sample Type : SERUM				
VITAMIN D	9.27	ng/ml	30-100	CLIA

INTERPRETATION:

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-100 ng/ml
Toxicity	> 100 ng/ml

DECREASED LEVELS:

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

INCREASED LEVELS:

- Vitamin D intoxication.

COMMENTS:

- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.

PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	1.21	ng/mL	0-4	

INTERPRETATION:


Raised Total PSA levels may indicate prostate cancer, benign prostate hypertention (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.



Dr.Ankita Singhal
MBBS, MD(Microbiology)

Dr. Aden
DR.ADEN
MBBS,MD (Pathologist)

Visit ID	: IQD148405	Registration	: 03/Oct/2024 12:24PM
UHD/MR No	: IQD.0000146057	Collected	: 03/Oct/2024 12:29PM
Patient Name	: Mr.ASHISH KUMAR	Received	: 03/Oct/2024 12:45PM
Age/Gender	: 35 Y O M O D /M	Reported	: 03/Oct/2024 02:25PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 241000653



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
Sample Type : SERUM				
VITAMIN B12	265	pg/mL	187-883 pg/mL	CLIA

COMMENTS:
 Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.
 Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

LIMITATIONS:
 For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.
 If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

*** End Of Report ***



Dr.Ankita Singhal
 MBBS, MD(Microbiology)

[Signature]
 DR.ADEN
 MBBS,MD (Pathologist)

Ultrasound Report

Name: Mr. Ashish kumar

Age: 35y/M

Date: 02/10/2024

Ultrasound - Male Abdomen

Liver: Liver appears fatty infiltration of grade 1 in size. 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 is normal in 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 concretions on right side. **Left kidney show renal concretion.**

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.
Left renal concretion.

For SJM Super Speciality Hospital



DR. PASHPA KAUL



Ultrasound Report

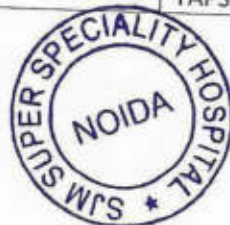
TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Ashish kumar	Age /sex:35Yrs/M	Date:02/10/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.6		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.9		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.2	2.5	(ED =39 -58)
Interventricular Septum	0.8		(ED = 6 -11)
Posterior Wall thickened	0.9		(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	



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: -

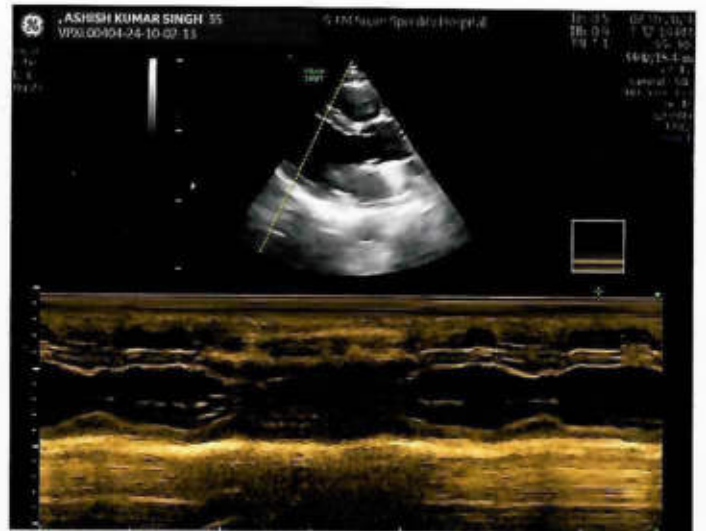
- 1.) NO LV HYPOKINESIA GLOBLE LVEF 60%
- 2.) No MR/ MS NO AS/ AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Centre for Excellent Patient Care



X-Ray Report

PATIENT ID	: 30613 OPD	PATIENT NAME	: MR ASHISH KUMAR
AGE	: 035Y	SEX	: Male
REF. PHY.	:	STUDY DATE	: 02-Oct-2024

RADIOLOGY REPORT

EXAM: X RAY CHEST

TECHNIQUE:
Frontal projections of the chest were obtained

FINDINGS:
Both lung fields are clear.
Both costophrenic angles appear normal.
The tracheal lucency is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

IMPRESSION:
1. The study is within normal limits.

V.S. Sai Naren

Dr Sai Naren
Consultant Radiologist
MBBS, MD
Regn No: 2017/08/3835

Dr Sai Naren
02nd Oct 2024



Centre for Excellent Patient Care

R
PA

