

wife - 79: 9/kg

Hbte - 174

B.P - 130/84

Ples - 46

Spo2 - 99%

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता:
वडिलाचे/आईचे नांव: नानक चंद, 124 ए, ब्रिज विहार 5
राधा कुंज, घाझियाबाद, चंदेर नगर, घाझियाबाद,
उत्तर प्रदेश - 201011

Address:
S/O: Nanak Chand, 124 A, brij vihar 5 radha
kunj, ghaziabad, Chander Nagar, Ghaziabad,
Uttar Pradesh - 201011

5024 8096 6668
VID : 9180 8472 1637 3719

1947 | help@uidai.gov.in | www.uidai.gov.in

भारत सरकार
Government of India

नरेश चंद
Naresh Chand
जन्म तारीख/DOB: 25/08/1967
पुरुष/ MALE

Download Date: 10/02/2020

Issue Date: 23/01/2017

5024 8096 6668
VID : 9180 8472 1637 3719

माझे आधार, माझी ओळख

8874630317

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



SJM SUPER SPECIALITY HOSPITAL

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Tel.: 0120-6530900 / 10 Mob.: +91 9599259072
E-mail.: email@sjmhospital.com
Web.: www.sjmhospital.com

Laboratory Report

Lab Serial no.	: LSHHI237385	Mr. No	: 97763
Patient Name	: Mr. NARESH CHAND	Reg. Date & Time	: 24-Dec-2022 10:15 AM
Age / Sex	: 55 Yrs / M	Sample Receive Date	: 24-Dec-2022 10:25 AM
Referred by	: Dr. SELF	Result Entry Date	: 24-Dec-2022 04:08PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 24-Dec-2022 04:08 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	13.0	gm/dl	12.5 - 16.0
TLC	16.5	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	86	%	40 - 70
Lymphocyte	08	%	20 - 40
Eosinophil	04	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.40	Thousand / UI	3.8 - 5.10
P.C.V	39.2	million/UI	00 - 40
M.C.V.	89.1	fL	78 - 100
M.C.H.	29.5	pg	27 - 31
M.C.H.C.	33.2	g/dl	32 - 36
Platelet Count	2.09	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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Page 1

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Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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



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HAEMATOLOGY

results	unit	reference
---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	10	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)	101.3	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.

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Typed By : Mr. BIRJESH

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE,Serum			
S. Cholesterol	191.5	mg/dl	< - 200
HDL Cholesterol	50.3	mg/dl	35.3 - 79.5
LDL Cholesterol	119.4	mg/dl	50 - 150
VLDL Cholesterol	21.8	mg/dl	00 - 40
Triglyceride	109.0	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.8	%	

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	110.4	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

technician :

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 Pathologist & Micrbiologist

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST,Serum			
Bilirubin- Total	1.25	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.71	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.54	mg/dL	0.2 - 1.2
SGOT/AST	21.7	IU/L	00 - 35
SGPT/ALT	30.2	IU/L	00 - 45
Alkaline Phosphate	93.9	U/L	53 - 128
Total Protein	6.46	g/dL	6.4 - 8.3
Serum Albumin	3.86	gm%	3.50 - 5.20
Globulin	2.60	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.

Centre for Excellent Patient Care

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technician :

Typed By : Mr. BIRJESH

Laboratory Report

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Patient Name : Mr. NARESH CHAND	Reg. Date & Time : 24-Dec-2022 10:15 AM
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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	24.1	mg/dL	18 - 55
Serum Creatinine	1.02	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+)	137.6	mEq/L	135 - 150
Potassium (K+)	4.73	mEq/L	3.5 - 5.0
Chloride (Cl)	99.4	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.26	mg/dL	7 - 18
PHOSPHORUS-Serum	1.65	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

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technician :

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Page 1

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Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 24-Dec-2022 04:08 PM
OPD/IPD	: OPD		:

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 and RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil

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Mr. BIRJESH

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

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24-12-2022
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OPD/IPD : OPD	:

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
 Color: Yellow
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
 Glucose: 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.

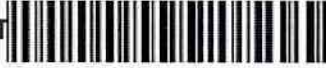
Mr. BIRJESH

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 Reg. No. 30969 (DMC)

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

Dr. Swati Chandel
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

24-12-2022
Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist



Patient Name : Mr. NARESH CHAND
Age/Sex : 55 Y/Male
Patient ID : 012212240024
Barcode : 10129716
Ref. By : DR VINOD BHATT
SRF No. :
Aadhar-Nation : - Indian

Registration No : 121812
Registered : 24/Dec/2022
Collection : 24/Dec/2022 02:49PM
Received : 24/Dec/2022 02:59PM
Reported : 24/Dec/2022 04:15PM
Panel : SJM Hospital
Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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THYROID PROFILE.(TFT)SERUM*

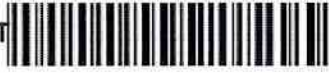
T3 ,Serum	108.00	ng/dl	69-215
T4 ,Serum ECLIA	6.50	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	9.0	uIU/mL	0.3-4.5

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

Jhatia
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY

Priyanka
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Patient Name : Mr. NARESH CHAND	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	Raised	Within range	T3 toxicosis
Within range			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 ***

Tests Requested:THYROID PROFILE,(TFT)SERUM,PSA, TOTAL, Serum,HbA1C(Glycosylated Hemoglobin);EDTA

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DIAGNOSTICS

Patient Name : Mr. NARESH CHAND	Registration No
Age/Sex : 55 Y/Male	Registered : 24/Dec/2022
Patient ID : 012212240024	Collection : 24/Dec/2022 02:49PM
Barcode : 10129716	Received : 24/Dec/2022 02:59PM
Ref. By : DR VINOD BHATT	Reported : 24/Dec/2022 04:15PM
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 ***

Tests Requested: THYROID PROFILE, (TFT) SERUM, PSA, TOTAL, Serum, HbA1C (Glycosylated Hemoglobin); EDTA

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Priyanka Rana
Dr. Priyanka Rana
 MD Pathology



DIAGNOSTICS

Patient Name : Mr. NARESH CHAND	Registration No
Age/Sex : 55 Y/Male	Registered : 24/Dec/2022
Patient ID : 012212240024	Collection : 24/Dec/2022 02:49PM
Barcode : 10129716	Received : 24/Dec/2022 02:59PM
Ref. By : DR VINOD BHATT	Reported : 24/Dec/2022 05:41PM
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	5.70	%	
Average Glucose Calculated	116.89	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.

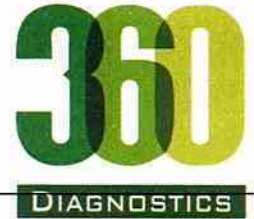
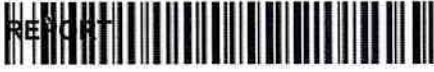
- 1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- 2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

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Age/Sex	Registered
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Test Name	Value	Unit	Bio Ref.Interval
<p>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.</p> <p>4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications</p> <p>5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.</p> <p>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.</p> <p>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.</p>			

*** End Of Report ***

Tests Requested:HbA1C(Glycosylated Hemoglobin);EDTA,THYROID PROFILE,(TFT)SERUM,PSA, TOTAL, Serum

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 Reg. No. 30869 (D.M.C)

24.12.2022 10:58:25
SJM Super Speciality Hospital
Sector-63, Chhijarsi, Noida
Gautam Budhna Nagar, UP-201307

Location:

Room:

Order Number:

Indication:

Medication 1:

Medication 2:

Medication 3:

101 bpm
-- / -- mmHg

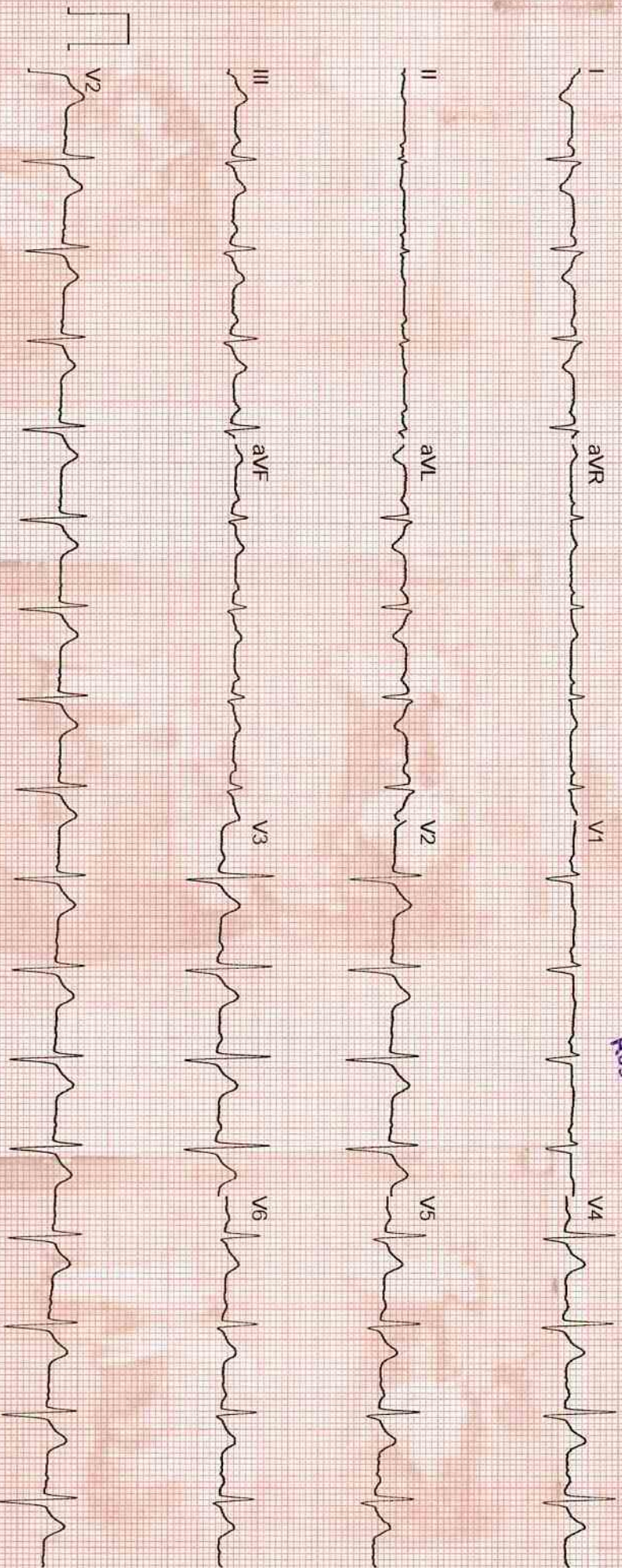
QRS	68 ms
QT / QTcBaz	308 / 399 ms
PR	138 ms
P	76 ms
RR / PP	594 / 594 ms
P / QRS / T	114 / 147 / 141 degrees

*** Suspect arm lead reversal, interpretation assumes no reversal
Sinus tachycardia
Lateral infarct, age undetermined
Abnormal ECG

Technician
Ordering Ph.
Referring Ph.
Attending Ph.

MMNL

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D. (Medicine)
Sr. Consultant, Physician
Reg. No. 30686 (DMC)



PATIENT SUMMARY REPORT

SJM HOSPITAL AND IVF CENTRE

ID : 147
NAME : MR. NARESH CHAND
AGE / SEX : 55 / MALE

HEIGHT (cm) : 174
WEIGHT (kg) : 79
PROTOCOL : BRUCE

REF. BY : DR VIOND BHAT
DONE BY :
TECHNICIAN : HARI

CASE HISTORY

MEDICATION

OBJECT OF TEST

RISK FACTOR

ACTIVITY

OTHER INVESTIGATION

REASON FOR TERMINATION

EXERCISE TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS

HAEMO RESPONSE

CHRONO RESPONSE

FINAL IMPRESSION

EXTRA COMMENTS

: Routine Check Up.

: Hypertension.

: Moderate Active.

: X - Ray.

: Max HR.

: Good (> 10 METS).

: Normal.

: Negative.

: Stress Test is Negative for Inducible Ischemia.

SJM SUPER SPECIALITY HOSPITAL
Dr. Viond Kojner Bhat
M.B.B.S. (MD Medicine)
Sr. Consultant Physician
Reg. No. 30689 (DMCI)

[Faint purple ink stamp and handwritten notes]

Confirmed By : _____

Signature

147 Tested On 24-12-2022, 11:29:45

BPL DYNATRAC

Page No.: 1

PATIENT ID : 147
 PATIENT NAME : MR. NARESH CHAND
 PROTOCOL : BRUCE

DR. VIOND BHAT
 Tested On 24-12-2022, 11:29:45
 BPL DYNATRAC

Total METS achieved 9.10
 Maximum HR achieved 146 bpm, 88 % of 165 bpm

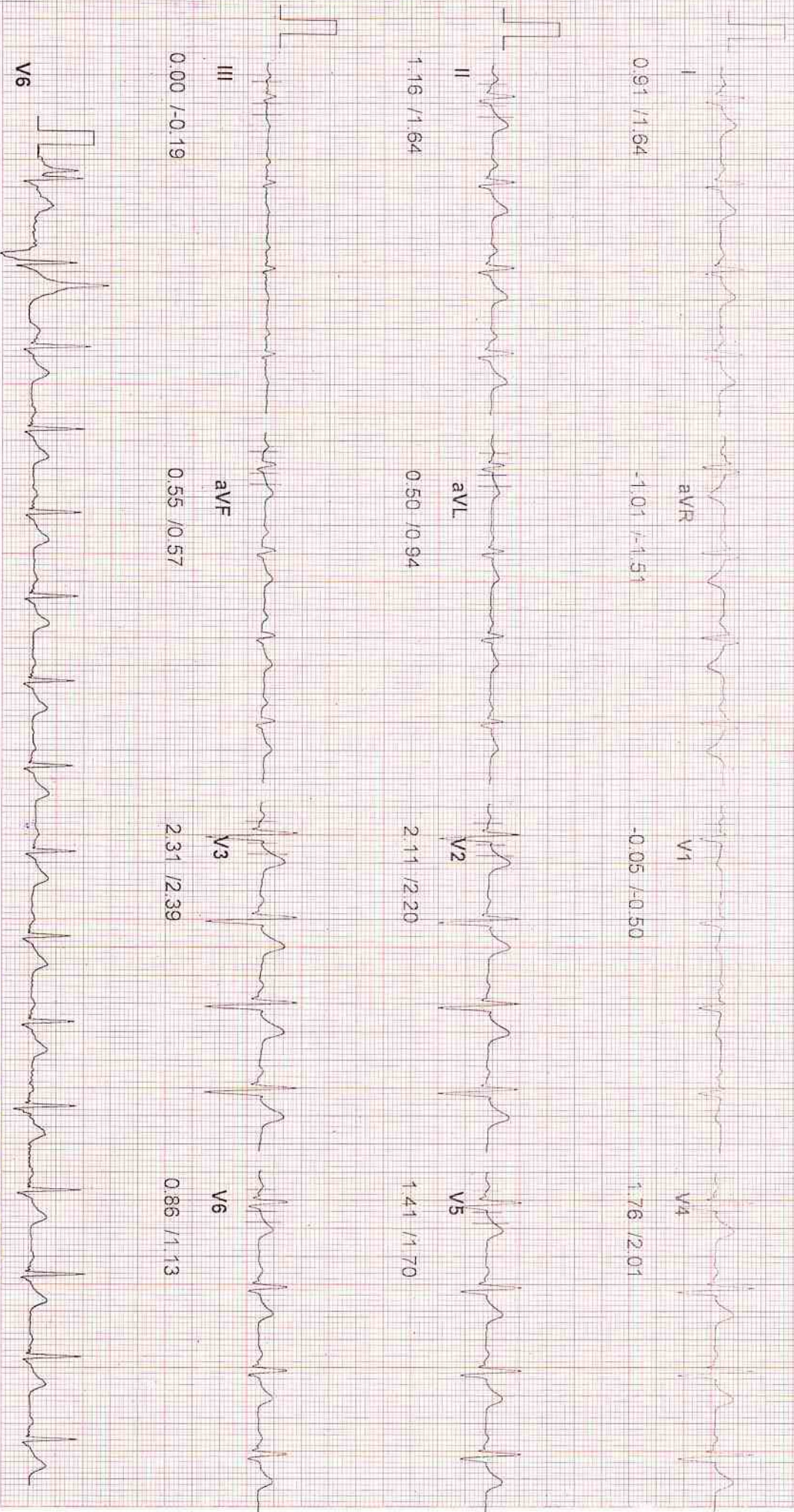
Maximum ST depression (II) 0.40 mm
 Total Exercise time 07:44 (min:sec)

Stage Name	Time (min:sec)	Speed (kmph)	Grade (%)	HR (bpm)	BP (mmHg)	R.P.P	METS	STLevel (II)	Stage Comments
Pre-Test	00:36	0.00	0.00	100	126 / 84	12600	0.00	1.16	
Supine	05:53	0.00	0.00	106	126 / 84	13356	0.00	1.11	
Hyper Ventilation	00:12	0.00	0.00	105	126 / 84	13230	0.00	1.31	
Wait For Exercise	00:12	0.00	0.00	100	126 / 84	12600	0.00	1.26	
Exercise 1	02:58	2.70	10.00	123	126 / 84	15498	5.10	0.75	
Exercise 2	02:55	4.00	12.00	133	130 / 90	17290	7.10	0.86	
Peak Exercise	01:44	5.50	14.00	142	140 / 100	19880	9.10	0.60	
Recovery 1	00:51	0.00	0.00	146	126 / 84	18396	0.00	1.11	
Recovery 2	01:58	0.00	0.00	127	126 / 84	16002	0.00	0.40	
Recovery 3	02:57	0.00	0.00	116	126 / 84	14616	0.00	1.26	
Recovery 4	03:14	0.00	0.00	115	126 / 84	14490	0.00	0.86	

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 Sr. Consultant Physician
 Reg. No. 30686 (DMC)

11/12/2022 11:29:45
 BPL DYNATRAC

ST Levels (mV) / ST Slope (mV/s) measured at 80 bpm (normal)

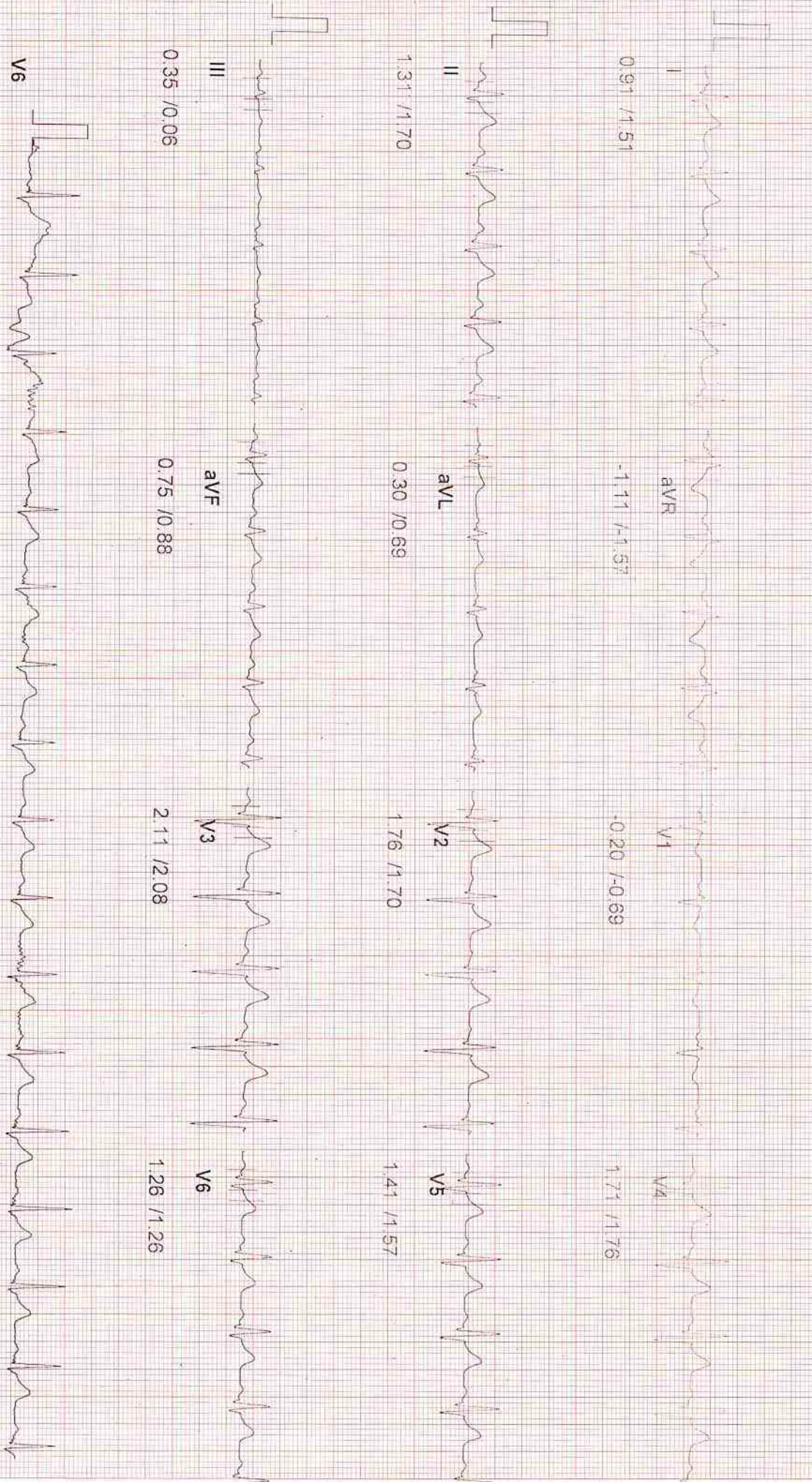


147

SJM SUPER SPECIALITY HOSPITAL

Dr. Vinod Kumar Bhat
 Dr. B. S. S. M.D. (Medicine)
 Sr. Consultant Physician
 20R Reg. No: 30069 (DMC) 10mm/mV, 25mm/Sec

ST Leads (mV) / ST Slope (mV) / Measured at 80 mm Post P
 0.91 / 1.51
 -1.11 / 1.57
 -0.20 / 0.69
 1.71 / 1.76
 1.31 / 1.70
 0.30 / 0.69
 1.76 / 1.70
 1.41 / 1.57
 0.35 / 0.06
 0.75 / 0.88
 2.11 / 2.08
 1.26 / 1.26
 V6

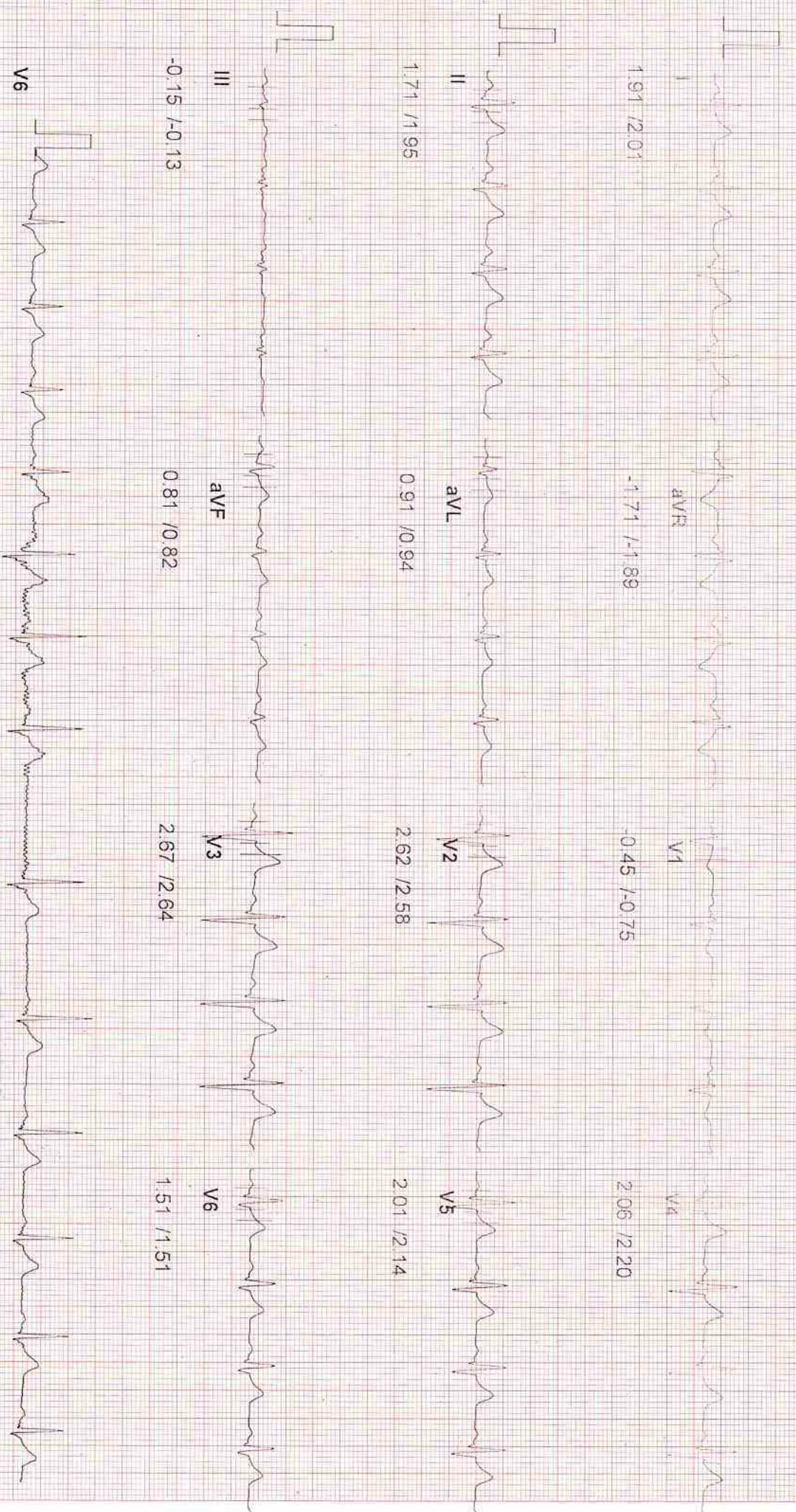


147

20 Hz Filter

SRI SUPER SPECIALITY HOSPITAL
 Vinod Kumar Bhai
 Dr. B. S. S. M. D. (Medicine)
 Sr. Consultant Physician
 Reg. No: 600867 (M) / 25mm/Sec

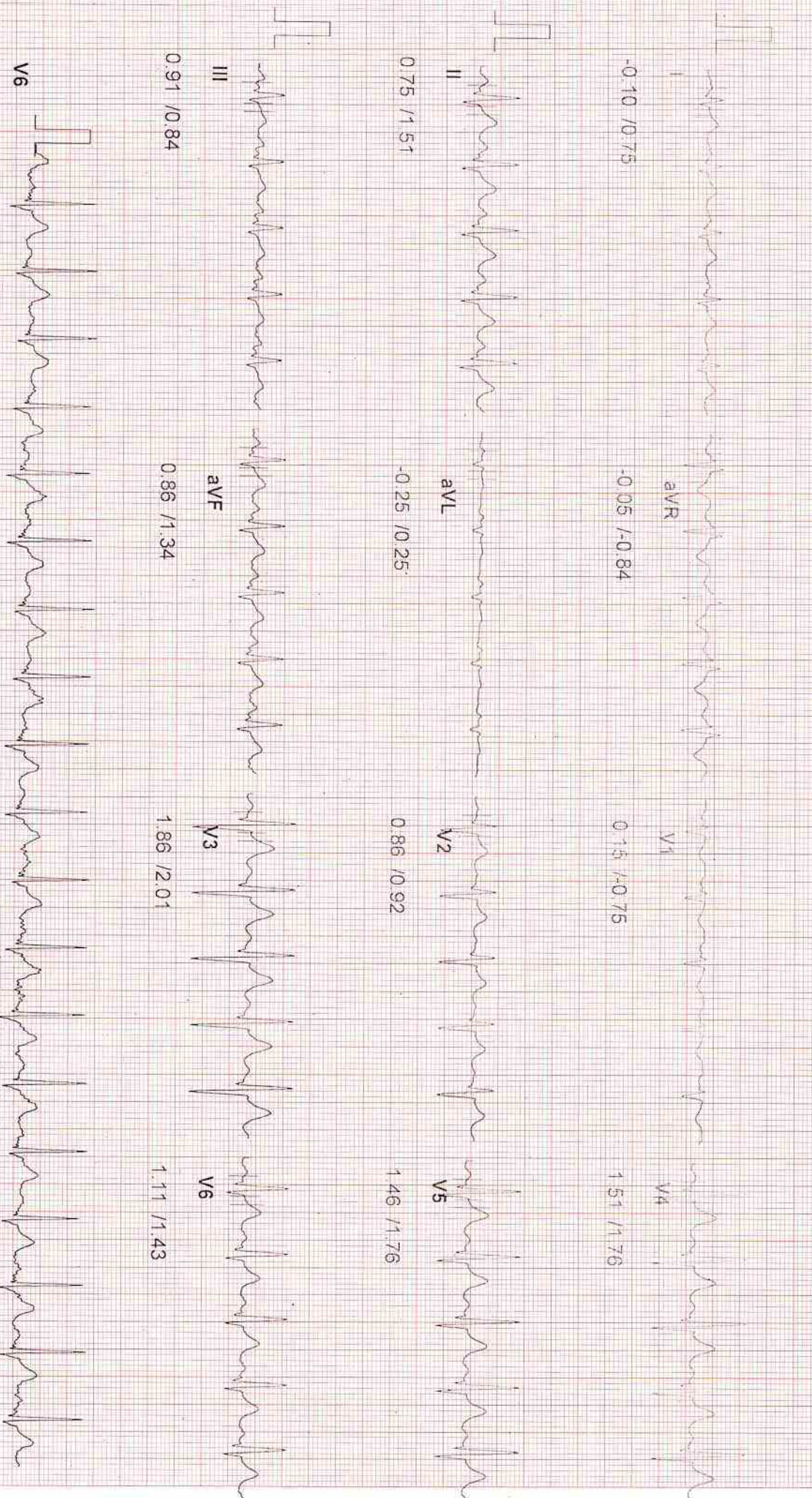
ID: 1
 Name: V. K. KUMAR
 Age: 45
 BP: 120/80 mmHg
 ST: Lead II, III, aVF, V1, V2, V3, V4, V5, V6
 Date: 10/10/2011
 Time: 10:30 AM
 Ref: Dr. V. K. KUMAR
 Dept: Cardiology
 Hospital: SRI SUDARSHAN HOSPITAL
 Address: 10th Cross, 1st Stage, 1st Block, Jayanagar, Bangalore
 Phone: 300669 (Dial 101)
 Fax: 300669 (Dial 101)



147

SRI SUDARSHAN HOSPITAL
 Dr. V. K. KUMAR
 M.D. (Medicine)
 Sr. Consultant Physician
 10th Cross, 1st Stage, 1st Block, Jayanagar, Bangalore
 Phone: 300669 (Dial 101)
 Fax: 300669 (Dial 101)
 20 Hz Filter
 25mm/Sec

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 I3
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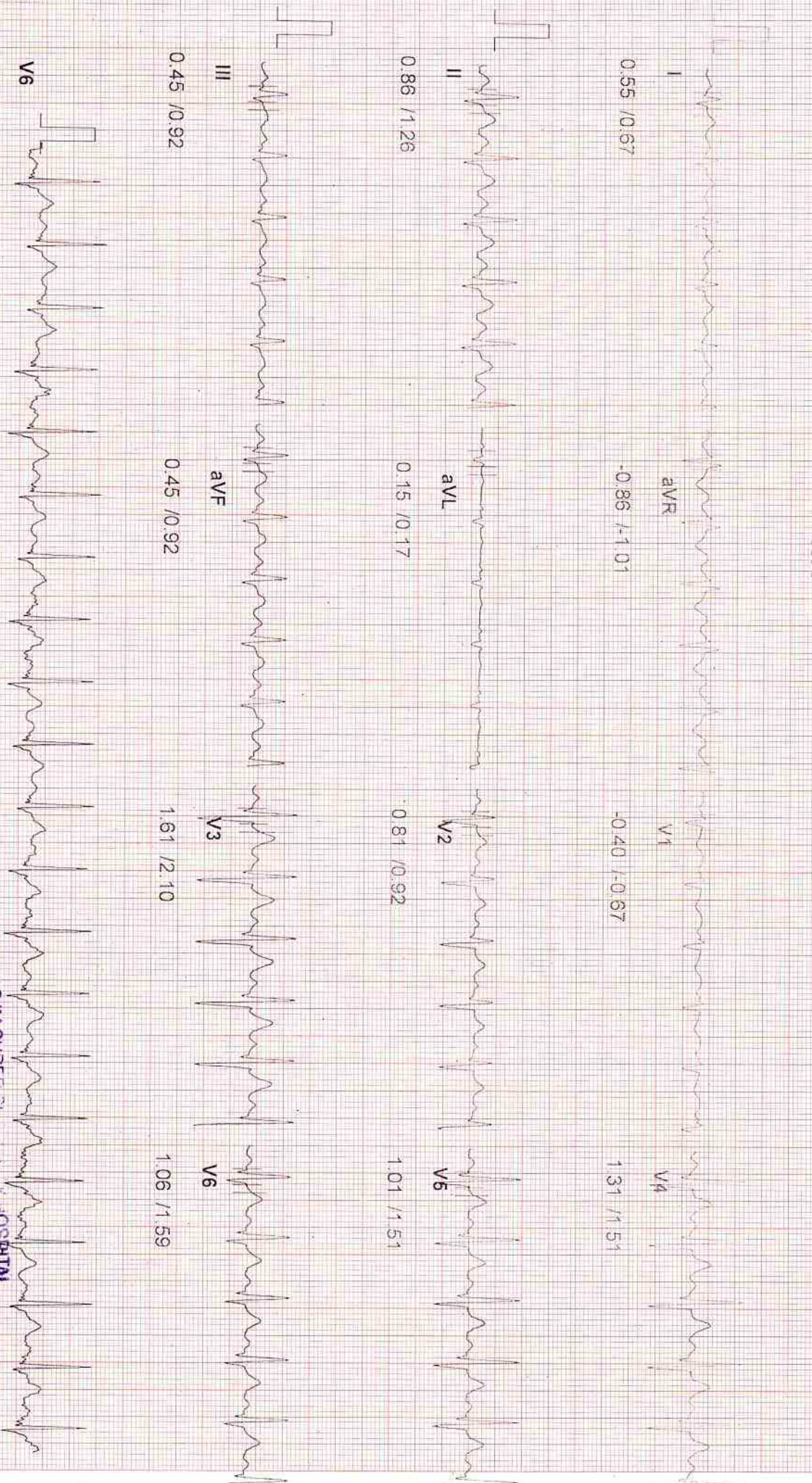
147

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 Dr. S. S. S. M.D (Medicine)
 Sr. Consultant Physician

Reg. No. 30089 (DMC)
 -20 Hz Filter

10mm/mV, 25mm/Sec

NAME: _____
 AGE: 65
 SEX: M
 ST. LEVELS (mm) ST. SLOPE (mV/s) MEASURED AT 60 ms Rest
 HR: 130/304 m/s
 STAGE III, IV, V, VI
 HR: 130/304 (100%) METS
 GINAE
 1.30
 DR. W. M. D. B. J. G. T.
 ST. L. D. V. M. A. T. R. A. C.



147

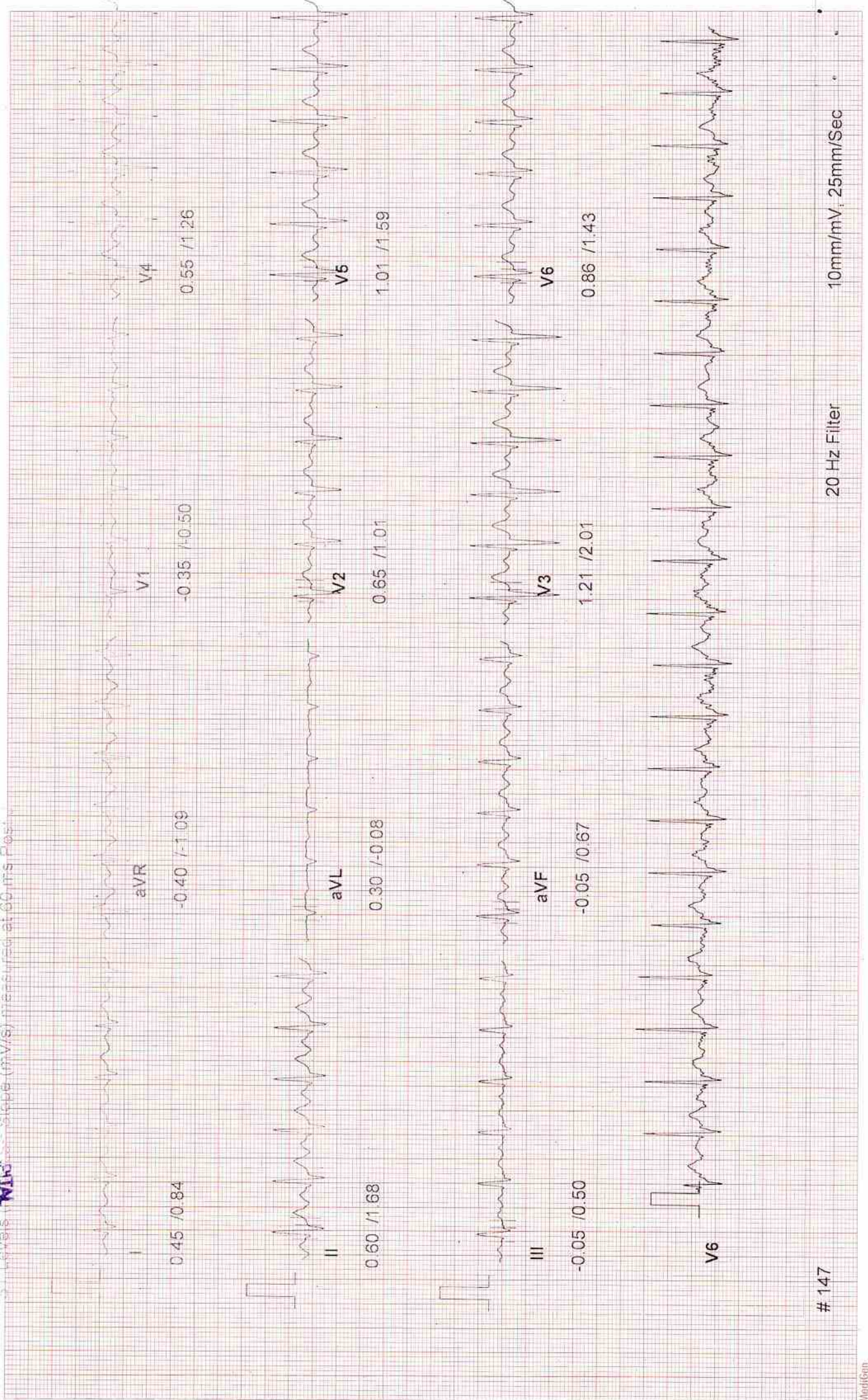
S. I. SUPERIOR HOSPITAL
 Dr. W. M. D. B. J. G. T.
 M.D. (Medicine)
 St. Consultant Physician
 Reg. No. 30680 (DMC)
 20 Hz Filter
 10mm/mV, 25mm/Sec

Reg. No. 30989 (DMCI)
 St. Consultant Physician

SUN SUPER S...
 Dr. V. B. Kumar B.S., M.D. (Medicine)

ST Levels (mV/s) measured at 60 m/s. P101

DATE: 2011-01-01
 TIME: 12:00 PM
 TEST: ECG
 TECH: S.P. BHATT
 GRADE: 1200
 METS: 0.10

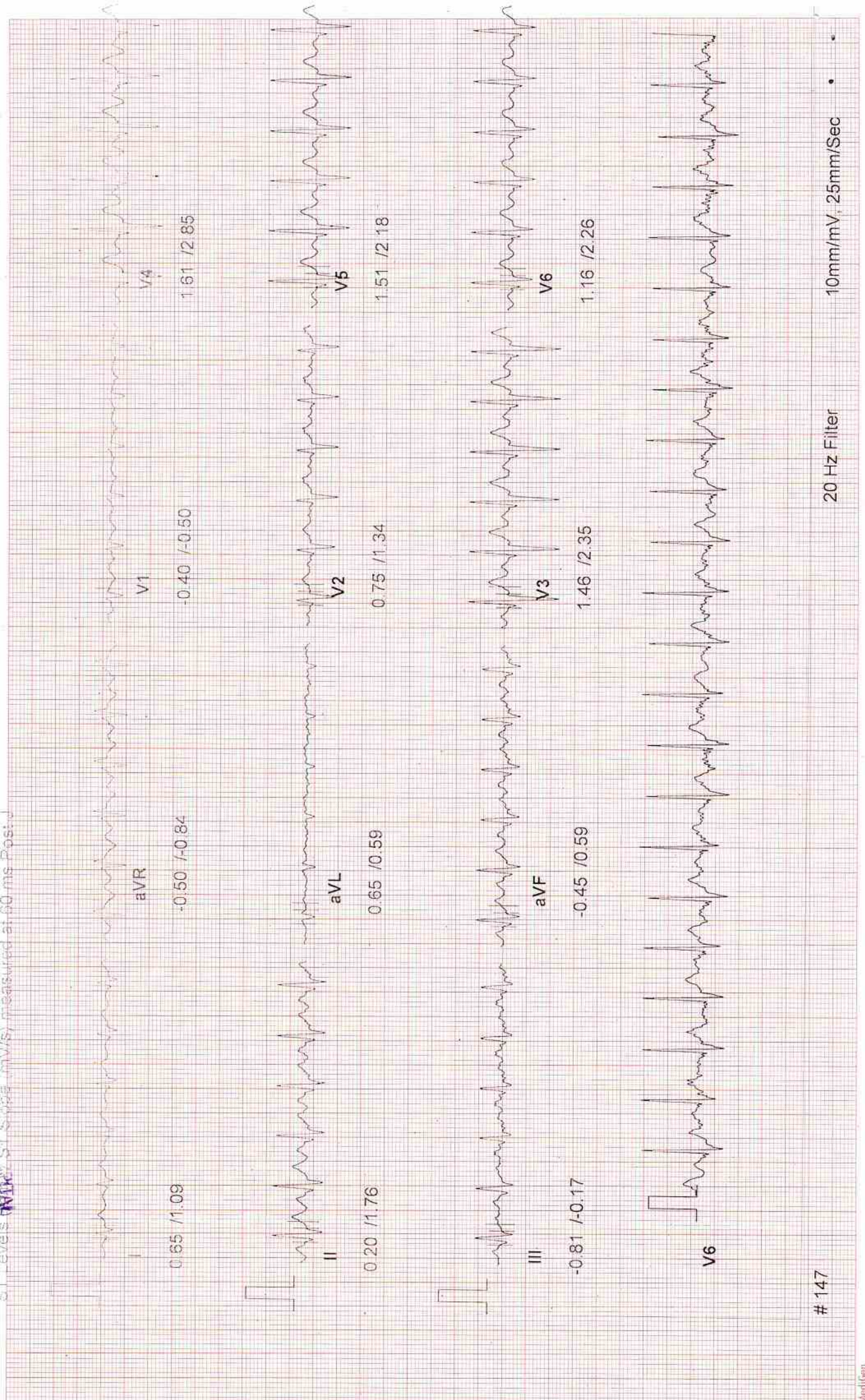


147
 MR. KUMAR
 AGE : 55
 SEX : M
 HT : 126.84 mm
 WT : 67.2 kg
 ST Levels (WIN)

ST Levels (WIN) \pm 50 μ V, measured at 60 ms Post-J
 HR : 144 bpm (37 bpm)
 STAGE DURATION : 00:58 (00:17 sec)
 METS : 0.00

DR. VINOD KUMAR
 M.D. (Medicine)
 Consultant Physician
 DMCI
 Reg. No. 30989

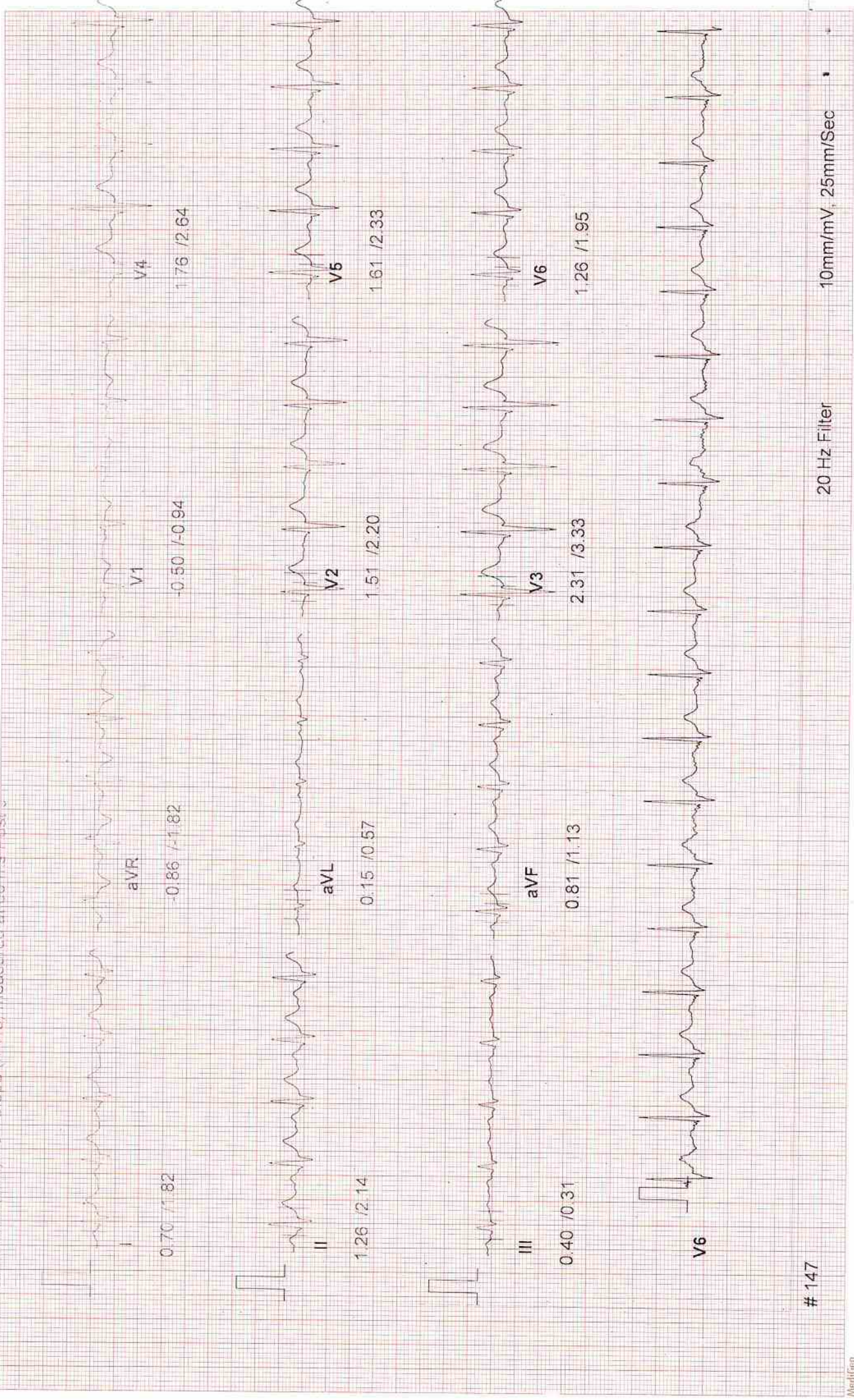
DR. VINOD KUMAR
 TESSU/CH
 24-2-2022
 EPL DYNATRAC



NAME: _____
 AGE: _____
 BP: _____
 ST Levels (mm) ST Slope (mV/s) measured at 80 ms Post Q

REGISTRATION
 11.5 bpm (69%)
 METS

STAGE: _____
 STAGE: _____
 GRADE: _____
 METS: _____
 TESTED ON: 04/11/2022
 BPL DYNAREAD





SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped With Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10, Mob.:9599259072

Ultrasound Report

Name: Mr. Naresh Chand

Age/Sex: 55yrs. /M

Date: 24/12/2022

Ultrasound - Male Abdomen

Liver: Liver appears normal in size. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal veins 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 in size, shape and homogeneous echo pattern No focal mass lesion is seen in parenchyma.

KIDNEYS:-Both kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. There is no evidence of renal concretion on right side. **Left kidney shows renal concretions with renal cyst meas. 2cm x 2cm.**

PARAAORTIC REGIONS: Any mass/ lymph nodes no mass or lymph nodes seen.

URINARY BLADDER:- Adequately distended. Walls 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: Left Renal concretions with renal cyst.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL

DR. P.K GUPTA

SJM SUPER SPECIALITY HOSPITAL
Dr. Vikas Kumar Bhat
M.B.B.S. M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30869 (D/C)



SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.S., M.D (Medicine)
Sp. Consultant Physician
Reg. No. 30969 (DMC)





X-Ray Report

Patient ID.	20704 OPD	Name	MR NARESH CHAND	Sex/Age	M/55Y
Date	24-12-2022 12:00 PM	Ref. Physician	SELF	CHEST, CHEST	

X- RAY CHEST PA VIEW

Both hila are mildly prominent likely vascular

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

Bilateral cp angles are clear and show acute angle

Bony thoracic cage and soft tissues appears normal

Cardiac silhouette appears normal.

IMPRESSION: Both hila are mildly prominent likely vascular

Please correlate clinically


 Dr. DEEPAK K SOLANKI
 MBBS, DNB
 CONSULTANT RADIOLOGIST

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

X-Ray Report

Patient ID.	20704 OPD	Name	MR NARESH CHAND	Sex/Age	M/55Y
Date	24-12-2022 12:00 PM	Ref. Physician	SELF	CHEST, CHEST	

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IMPRESSION: Both hila are mildly prominent likely vascular

Please correlate clinically


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