


Union Bank of India
नाम : मनीष कुमार
Name: Manish Kumar
 कर्मचारी नं. / Employee No. 888115
 जन्म तिथि / Birth Date : 13.10.1982
 रक्त समूह / Blood Group : A++
 पद / Designation : SHO-A
 स्थान / Signature
 कार्यस्थल / Place of Issue: R.O. Delhi (South)
 जारी तिथि / Issue Date: 01.08.2022
 जारी करने वाले अधिकारी / Issued by: [Signature]
 Date of Issue:


 (Manish Kumar)
 9638354492



16 Mar 2024

W - 75: 8/2kg

H - 170 cm

B.P. 120/80





SJM SUPER SPECIALITY HOSPITAL

Centre for Excellent Patient Care

Sector-63, Noida, Near NH-24, Hindon bridge

Tel.: 0120-6530900 / 10, Mob.: 9599259072



Reg. No.

Date 16/03/24

Name Mr. Vinit Kumar

Age / Sex

Panel Name / Cash Go UBI

UHID No. :

Doctor Name : Dr. Vinod Bhat

MBBS, MD

Regn. No.: 30989 (DMC)

Department of Medicine

Chief Complaint & Present Illness

Past History

Physically and mentally fit

Treatment Advised

Provisional Diagnosis

Allergies

General Examination

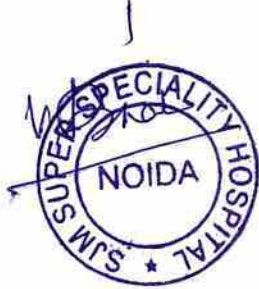
Temp

Pulse

B.P.

R.R.

SPO2



Investigation

Nutritional Screening

Follow up

Signature of Doctor

SJM/SSH/MED/OPD/07

Laboratory Report

Lab Serial no. : LSHHI277950	Mr. No : 113024
Patient Name : Mr. VINIT KUMAR	Reg. Date & Time : 16-Mar-2024 08:58 AM
Age / Sex : 41 Yrs / M	Sample Receive Date : 16-Mar-2024 09:04 AM
Referred by : Dr. SELF	Result Entry Date : 16-Mar-2024 12:38PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 16-Mar-2024 12:38 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	13.9	gm/dL	12.0 - 17.0
TLC	8.4	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	74	%	40 - 70
Lymphocyte	18	%	20 - 40
Eosinophil	06	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.25	Thousand / UI	3.8 - 5.10
P.C.V	44.5	million/UI	00 - 40
M.C.V.	84.8	fL	78 - 100
M.C.H.	26.5	pg	27 - 31
M.C.H.C.	31.2	g/dl	32 - 36
Platelet Count	2.83	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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BIOCHEMISTRY

	results	unit	reference
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BLOOD SUGAR (PP), Serum

SUGAR PP	108.9	mg/dl	80 - 140
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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)	95.7	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.



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HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	11	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
---------	------	-----------

HbA1C / GLYCATED HEMOGLOBIN / GHb

Hb A1C	4.6	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	85.32	mg/dl	

INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CINTROL	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
LIPID PROFILE, Serum			
S. Cholesterol	146.0	mg/dl	< - 200
HDL Cholesterol	42.3	mg/dl	35.3 - 79.5
LDL Cholesterol	83.8	mg/dl	50 - 150
VLDL Cholesterol	19.9	mg/dl	00 - 40
Triglyceride	99.5	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.5	%	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
KFT,Serum			
Blood Urea	36.4	mg/dL	18 - 55
Serum Creatinine	1.06	mg/dl	0.7 - 1.3
Uric Acid	6.9	mg/dl	3.5 - 7.2
Calcium	9.0	mg/dL	8.8 - 10.2
Sodium (Na+)	138.1	mEq/L	135 - 150
Potassium (K+)	4.48	mEq/L	3.5 - 5.0
Chloride (Cl)	106.4	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	17.0	mg/dL	7 - 18
PHOSPHORUS-Serum	2.73	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.

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	2.74	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.83	mg/dL	0.0 - 0.20
Bilirubin- Indirect	1.91	mg/dL	0.2 - 1.2
SGOT/AST	19.9	IU/L	00 - 35
SGPT/ALT	24.0	IU/L	00 - 45
Alkaline Phosphate	46.0	U/L	53 - 128
Total Protein	7.57	g/dL	6.4 - 8.3
Serum Albumin	4.75	gm%	3.50 - 5.20
Globulin	2.82	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.68	%	

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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OPD/IPD : OPD :

TEST NAME

VALUE

ABO

"A"

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

Mr. BIRJESH

3/16/2024


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

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

Visit ID : IQD89957	Registration	: 18/Mar/2024 02:40PM
UHID/MR No : IQD.0000087880	Collected	: 18/Mar/2024 03:03PM
Patient Name : Mr.VINIT KUMAR	Received	: 18/Mar/2024 03:16PM
Age/Gender : 41 Y 0 M 0 D /M	Reported	: 18/Mar/2024 04:12PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240304796



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	0.99	ng/ml	0.61-1.81	CLIA
T4	9.65	ug/dl	5.01-12.45	CLIA
TSH	3.37	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

Interpretation:

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drugs and dopamine antagonist e.g. domperidone and



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Visit ID : IQD89957	Registration	: 18/Mar/2024 02:40PM
UHID/MR No : IQD.0000087880	Collected	: 18/Mar/2024 03:03PM
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Employee Code :	Barcode No	: 240304796



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
				other physiological reasons.
3 Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4 Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5 Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6 High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7 Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8 Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9 Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. and troughs at 5:00 - 6:00 p.m. With ultradian variations.

PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN 0.4 ng/mL 0-4 CLIA

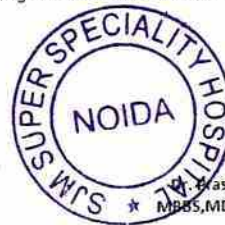
INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertrophy (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
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Dr. Anil Rathore
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Dr. Ashant Singh
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DEPARTMENT OF HORMONE ASSAYS

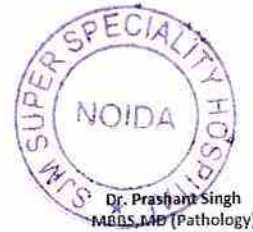
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*** End Of Report ***



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Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Vinit Kumar	Age /sex:41Yrs/M	Date:16/03/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.8		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.2		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.5	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	



Ultrasound Report

Regurgitation: -

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

Final Interpretation: -

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

DR. AMIT KOTHARI

Non-Interventional Cardiologist.





Ultrasound Report

Name: Mr.Vinit kumar Age/Sex: 41/M Date:16/03/2024

Ultrasound-Male Abdomen

Liver: Liver appears normal. 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. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN: - Spleen is normal in size. 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 both sides.

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: - Normal Scan.

DR. PUSHPA KAUL

For SJM Super Speciality Hospital
DR. RAKESH GUJJAR





PATIENT ID	: 26714 OPD	X-Ray Report	PATIENT NAME	: MR VINIT KUMAR
AGE	: 041Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 16-Mar-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.



Dr Girish N K
Consultant Radiologist
MBBS, MD
Regn No: 2017/08/4097

Dr Girish N K
16th Mar 2024

Centre for Excellent Patient Care



R

PA

