

W - 76 Kg
H - 165 cm
B.P - 120/80
P - 55/min
SpO2 - 99%

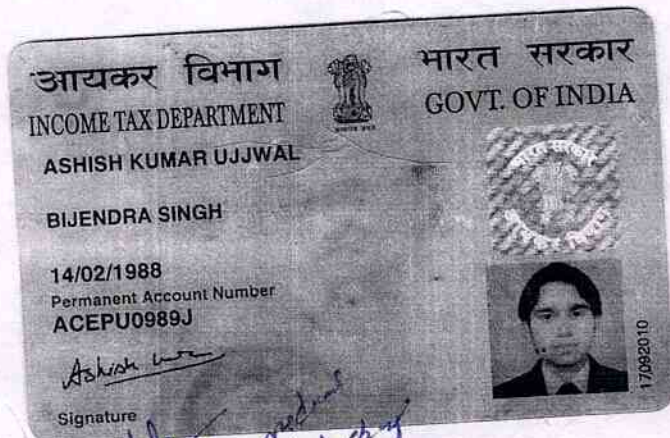


table for medical checking
SP00664597

36 Years

Male

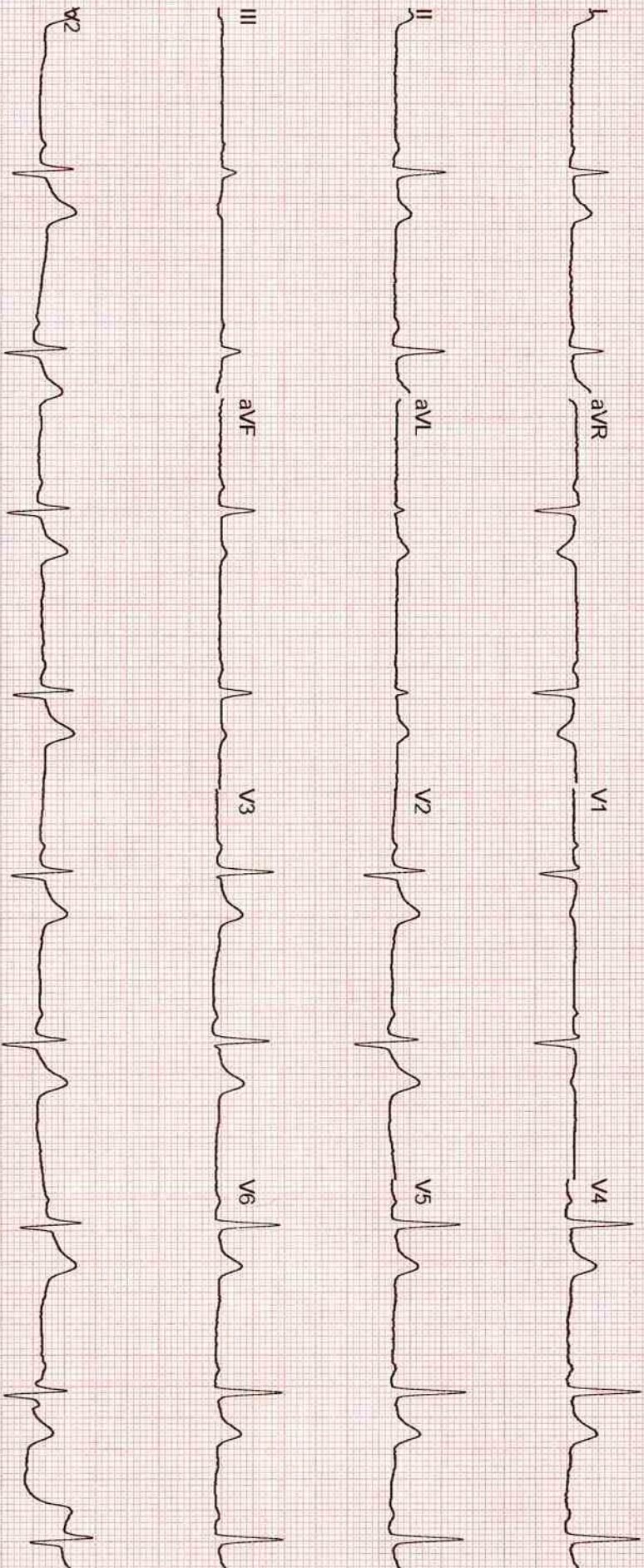
sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

Sinus bradycardia with sinus arrhythmia
Otherwise normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms
QT / QTcBaz : 414 / 396 ms
PR : 162 ms
P : 98 ms
RR / PP : 1096 / 1090 ms
P / QRS / T : 66 / 49 / 20 degrees



Laboratory Report

Lab Serial no.	: LSHHI279731	Mr. No	: 113681
Patient Name	: Mr. ASHISH KUMAR UJJWAL	Reg. Date & Time	: 02-Apr-2024 09:28 AM
Age / Sex	: 36 Yrs / M	Sample Receive Date	: 02-Apr-2024 09:40 AM
Referred by	: Dr. SELF	Result Entry Date	: 02-Apr-2024 11:56AM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 02-Apr-2024 12:13 PM
OPD	: OPD		

HAEMATOLOGY

CBC / COMPLETE BLOOD COUNT

	results	unit	reference
HB (Haemoglobin)	13.6	gm/dL	12.0 - 17.0
TLC	5.2	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	59	%	40 - 70
Lymphocyte	32	%	20 - 40
Eosinophil	07	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.37	Thousand / UI	3.8 - 5.10
P.C.V	45.9	million/UI	00 - 40
M.C.V.	85.5	fL	78 - 100
M.C.H.	25.3	pg	27 - 31
M.C.H.C.	29.6	g/dl	32 - 36
Platelet Count	1.75	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH

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HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	12	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
HbA1C / GLYCATED HEMOGLOBIN / GHb			
Hb A1C	5.3	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	108.4	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



technician :

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	149.0	mg/dl	< - 200
HDL Cholesterol	39.8	mg/dl	35.3 - 79.5
LDL Cholesterol	82.0	mg/dl	50 - 150
VLDL Cholesterol	27.2	mg/dl	00 - 40
Triglyceride	135.9	mg/dl	00 - 170
Cholestrol/HDL RATIO	3.7	%	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.

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	96.6	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.



technician :

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	24.4	mg/dL	18 - 55
Serum Creatinine	0.78	mg/dl	0.7 - 1.3
Uric Acid	7.0	mg/dl	3.5 - 7.2
Calcium	9.0	mg/dL	8.8 - 10.2
Sodium (Na+)	135.5	mEq/L	135 - 150
Potassium (K+)	4.02	mEq/L	3.5 - 5.0
Chloride (Cl)	105.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	14.40	mg/dL	7 - 18

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



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

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

Laboratory Report

Lab Serial no. : LSHHI279731	Mr. No : 113681
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BIOCHEMISTRY

	results	unit	reference
<u>LIVER FUNCTION TEST,Serum</u>			
Bilirubin- Total	0.82	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.23	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.59	mg/dL	0.2 - 1.2
SGOT/AST	21.2	IU/L	00 - 35
SGPT/ALT	24.5	IU/L	00 - 45
Alkaline Phosphate	71.0	U/L	53 - 128
Total Protein	7.50	g/dL	6.4 - 8.3
Serum Albumin	4.73	gm%	3.50 - 5.20
Globulin	2.77	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.71	%	

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

technician :

Typed By : Mr. BIRJESH






SJM SUPER SPECIALITY HOSPITAL

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 Web.: www.sjmhospital.com



Laboratory Report

Lab Serial No. : LSHHI279731	Reg. No. : 113681
Patient Name : MR. ASHISH KUMAR UJJWAL	Reg. Date & Time : 02-Apr-2024 09:28 AM
Age/Sex : 36 Yrs /M	Sample Collection Date : 02-Apr-2024 09:40 AM
Referred By : SELF	Sample Receiving Date : 02-Apr-2024 09:40 AM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 02-Apr-2024 12:13 PM
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.



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

4/2/2024

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

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

Visit ID : IQD93861	Registration : 02/Apr/2024 03:56PM
UHID/MR No : IQD.0000091755	Collected : 02/Apr/2024 04:18PM
Patient Name : Mr.ASHISH KUMAR UJJAZ	Received : 02/Apr/2024 05:16PM
Age/Gender : 36 Y 0 M 0 D /M	Reported : 02/Apr/2024 06:35PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240400406



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (FT3,FT4,TSH)				
Sample Type : SERUM				
FT3	2.86	pg/ml	2.30-4.20	CLIA
FT4	17.64	pmol/L	10.0-22.0	CLIA
TSH	2.97	uIU/mL	0.35-5.50	CLIA

INTERPRETATION:

- Measurement of Free T3 is often employed to help confirm a diagnosis of hypothyroidism where an elevated free or total T4 has been encountered.
- Free thyroxine (FT4) is a better indicator of thyroid hormone action as it is not affected by changes in thyroxine binding globulin. In mild to moderate systemic illness, FT4 is generally normal or slightly raised and TSH is normal in patients without thyroid disease.
- Low levels of thyroid hormones (FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness also.
- Increased levels are found in Graves's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

In Pregnancy, reference range for FT3 in pg/mL:
 First trimester- 2.11-3.83
 Second and Third trimester- 1.96-3.38

In Pregnancy, Reference range for FT4 in ng/dL:
 First trimester- 0.7-2.0
 Second and Third trimester- 0.5-1.6
(Pregnancy reference values as per American Thyroid Association)

NOTE:
 -TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and is at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

Note
 Ultra-TSH-Reference range is 0.550 to 4.780 uIU/ml
 TSH (total) - Reference range is 0.35 to 5.50 uIU/ml
 These values may be compared accordingly

*** End Of Report ***



Dr. Ankita Singhal
 MBBS, MD(Microbiology)



Dr. Anil Rathore
 MBBS, MD(Pathology)

Dr. Prashant Singh
 MBBS, MD (Pathology)

Page 1 of 1

Authenticity of report can be checked by Scanning QR Code
 Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

X-Ray Report

Name	MR. ASHISH KUMAR UJJWAL	Age	036Y - M
Date	02/04/2024	Patient Id	26991 OPD
Referring Doctor		Center	SJM HOSPITAL, SECTOR 62, NOIDA

Chest PA View

Technique:-

Radiograph of chest in posteroanterior projection.

Findings:-

Bilateral lung fields appear normal.
Trachea is central.
Mediastinum appears normal.
Cardiac is normal in size.
Bilateral hila appear normal.
Bilateral costophrenic angles and cardiophrenic angles are normal.
Mal-united fracture of mid shaft of left clavicle noted.

Impression:-

- Mal-united fracture of mid shaft of left clavicle

Suggest clinical correlation.



Dr Shyam patodia
M.B.B.S, DNB
RADIODIAGNOSIS
CONSULTANT RADIOLOGIST



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R
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