



भारत सरकार  
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भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रमांक / Enrollment No. 0000/00290/21407

To  
अवनीश कुमार उपाध्याय  
Awanish Kumar Upadhyay  
AWANISH KUMAR UPADHAYAY  
E-23, DRONACHARYA APARTMENT MA  
EXTENSION, PHASE-1  
EAST DELHI NEAR ASN PUBLI  
VTC Mayur Vihar Ph-1  
PO: Mayur Vihar Ph-1  
District: East Delhi  
State: Delhi  
PIN Code: 110091  
Mobile: 8294226336

193259347



MG932593477F1



आपका आधार क्रमांक / Your Aadhaar No

**9017 6083 9144**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India

Issue Date: 20/02/2013



अवनीश कुमार उपाध्याय  
Awanish Kumar Upadhyay  
जन्म तिथि: DOB: 26/02/1982  
पुरुष / Male

42

**9017 6083 9144**

मेरा आधार, मेरी पहचान

*Handwritten signature*

8294226336



ID: awanish

24.02.2024 1:37:34 PM

Location:

sim hospital  
sector 63  
Gautam Budhha Nagar, UP-201307

Room:

Order Number:

Indication:

Medication 1:

Medication 2:

Medication 3:

71 bpm

-- / -- mmHg

42 Years

Male

QRS : 80 ms

QT / QTcBaz : 374 / 406 ms

PR : 160 ms

P : 102 ms

RR / PP : 840 / 845 ms

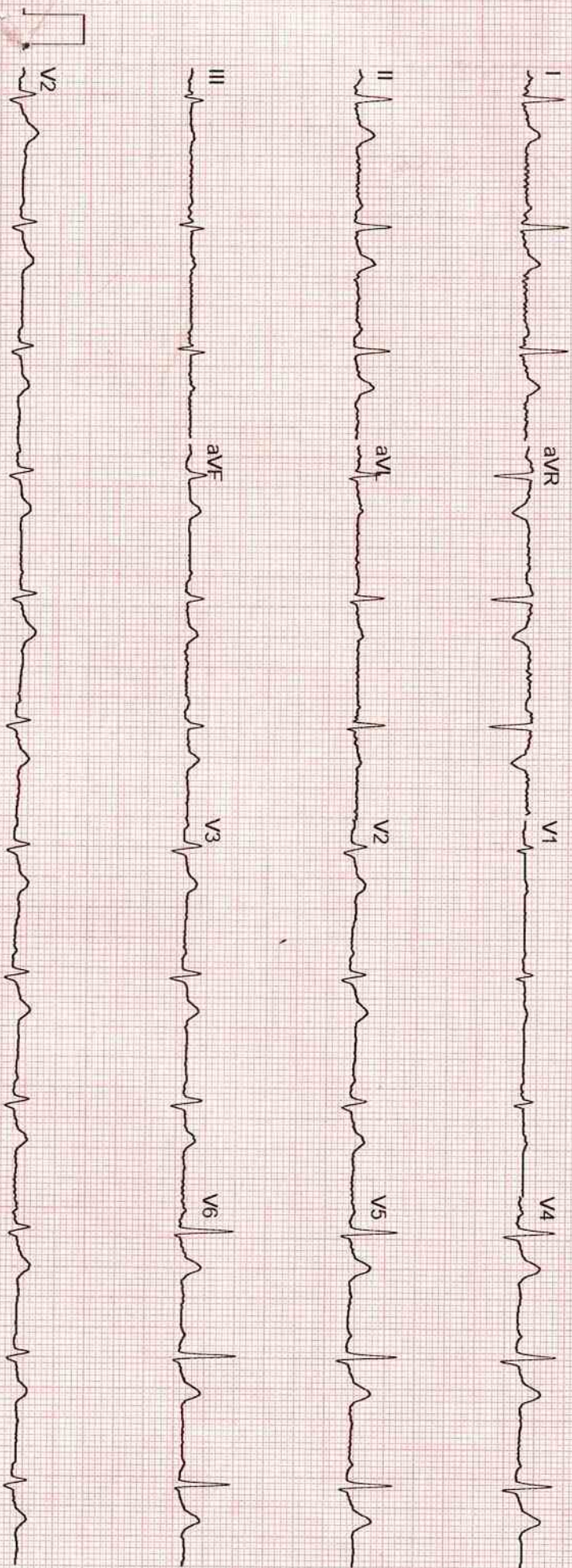
P / QRS / T : 49 / 33 / 43 degrees

Normal sinus rhythm

Normal ECG

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

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4X2.5X3 25\_R1

Unconfirmed

1/1



## Laboratory Report

Lab Serial no. : LSHHI275445	Mr. No : 112199
Patient Name : Mr. AWANISH KUMAR UPADHAYAY	Reg. Date & Time : 24-Feb-2024 04:16 AM
Age / Sex : 42 Yrs / M	Sample Receive Date : 24-Feb-2024 04:25 PM
Referred by : Dr. SELF	Result Entry Date : 24-Feb-2024 07:00PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 24-Feb-2024 07:00 PM
OPD : OPD	

### HAEMATOLOGY

	results	unit	reference
<b>CBC / COMPLETE BLOOD COUNT</b>			
HB (Haemoglobin)	14.8	gm/dL	12.0 - 17.0
TLC	8.2	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	59	%	40 - 70
Lymphocyte	32	%	20 - 40
Eosinophil	<b>07</b>	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.06	Thousand / UI	3.8 - 5.10
P.C.V	<b>44.0</b>	million/UI	00 - 40
M.C.V.	87.0	fL	78 - 100
M.C.H.	29.2	pg	27 - 31
M.C.H.C.	33.6	g/dl	32 - 36
Platelet Count	2.66	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





## Laboratory Report

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### HAEMATOLOGY

results unit reference

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) **50** 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 5.2 % 4.0 - 5.6  
ESTIMATED AVERAGE GLUCOSE 102.54 mg/dl  
eAG[Calculated]

#### 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 :

Typed By : Mr. BIRJESH





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### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	114.0	mg/dl	< - 200
HDL Cholesterol	<b>29.4</b>	mg/dl	35.3 - 79.5
LDL Cholesterol	67.8	mg/dl	50 - 150
VLDL Cholesterol	16.8	mg/dl	00 - 40
Triglyceride	83.9	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.9	%	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)	<b>113.2</b>	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:

Typed By : Mr. **DIRJESH**





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### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	28.6	mg/dL	18 - 55
Serum Creatinine	0.73	mg/dl	0.7 - 1.3
Uric Acid	5.2	mg/dl	3.5 - 7.2
Calcium	9.6	mg/dL	8.8 - 10.2
Sodium (Na+)	136.4	mEq/L	135 - 150
Potassium (K+)	3.86	mEq/L	3.5 - 5.0
Chloride (Cl)	103.9	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	13.36	mg/dL	7 - 18
PHOSPHORUS-Serum	3.75	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.

### BLOOD SUGAR (PP),Serum

SUGAR PP	128.1	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**

technician

Typed By : Mr. BIRDESH





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### BIOCHEMISTRY

results                      unit                      reference

#### LIVER FUNCTION TEST, Serum

Bilirubin- Total	1.05	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.43</b>	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.62	mg/dL	0.2 - 1.2
SGOT/AST	17.5	IU/L	00 - 35
SGPT/ALT	29.5	IU/L	00 - 45
Alkaline Phosphate	56.0	U/L	53 - 128
Total Protein	7.22	g/dL	6.4 - 8.3
Serum Albumin	4.33	gm%	3.50 - 5.20
Globulin	2.89	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.50	%	

#### 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.



technician :

Typed By : Mr. BIRJESH





Sector-63, Noida, NH-9, Near Hindon Bridge  
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E-mail.: email@sjmhospital.com  
Web.: www.sjmhospital.com



## Laboratory Report

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OPD/IPD : OPD	

<u>TEST NAME</u>	<u>VALUE</u>
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.

### URINE SUGAR (FBS)

#### CHEMICAL EXAMINATION

Glucose : Nil


### URINE SUGAR (PPBS)

#### CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

  
<http://rgeipac3/SJM/Design/Finanace/LabTextReport.aspx>  
**Dr. Rajevee Goel**  
 M.D. (Pathologist)  
 36548 (MCI)

2/24/2024  
**Dr. Bupinder Zutshi**  
 (M.B.B.S., MD)  
 Pathologist & Micrbiologist



<b>Visit ID</b>	: IQD83621	<b>Registration</b>	: 24/Feb/2024 12:52PM
<b>UHID/MR No</b>	: IQD.0000081564	<b>Collected</b>	: 24/Feb/2024 01:05PM
<b>Patient Name</b>	: Mr.AWANISH KUMAR	<b>Received</b>	: 24/Feb/2024 01:27PM
<b>Age/Gender</b>	: 41 Y 0 M 0 D /M	<b>Reported</b>	: 24/Feb/2024 02:29PM
<b>Ref Doctor</b>	: Dr.SELF	<b>Status</b>	: Final Report
<b>Client Name</b>	: SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b>	: Iqd2151
<b>Employee Code</b>	:	<b>Barcode No</b>	: 240205570



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (T3,T4,TSH)</b>				
<b>Sample Type : SERUM</b>				
T3	1.31	ng/ml	0.61-1.81	CLIA
T4	10.25	ug/dl	5.01-12.45	CLIA
TSH	2.0	uIU/mL	0.35-5.50	CLIA

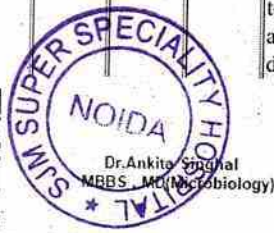
#### REFERENCE RANGE :

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 drug and dopamine antagonist e.g. domperidone and



Dr. Anil Rathore  
MBBS, MD (Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

Page.1 of 3

Authenticity of report can be checked by Scanning QR Code  
Test Performed at IQ Diagnostics, 1st Floor, P.K-06, Sector 122 Noida-201307





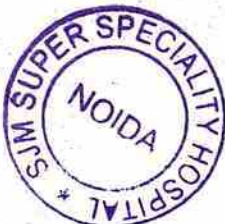


<b>Visit ID</b> :	<b>IQD83621</b>	<b>Registration</b> :	24/Feb/2024 12:52PM
<b>UHID/MR No</b> :	IQD.0000081564	<b>Collected</b> :	24/Feb/2024 01:05PM
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<b>Ref Doctor</b> :	Dr.SELF	<b>Status</b> :	Final Report
<b>Client Name</b> :	SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b> :	iqd2151
<b>Employee Code</b> :		<b>Barcode No</b> :	240205570



**DEPARTMENT OF HORMONE ASSAYS**

Test Name	Result	Unit	Bio. Ref. Range	Method
*** End Of Report ***				



Dr. Ankita Singhal  
MBBS, MD(Microbiology)

Dr. Anil Rathore  
MBBS, MD(Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

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Test Performed at IQ Diagnostics 1st Floor, P.K-06, Sector 122 Noida-201307



## Ultrasound Report

Name: Mr. Awanish kumar

Age: 42y/M

Date: 24/02/2024

### Ultrasound - Male Abdomen

**Liver:** Liver appears fatty with 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 not seen (Surgically removed).

**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 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 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. No free ascetic fluid or pleural effusion seen.

**IMPRESSION:** - Fatty liver with grade 1.

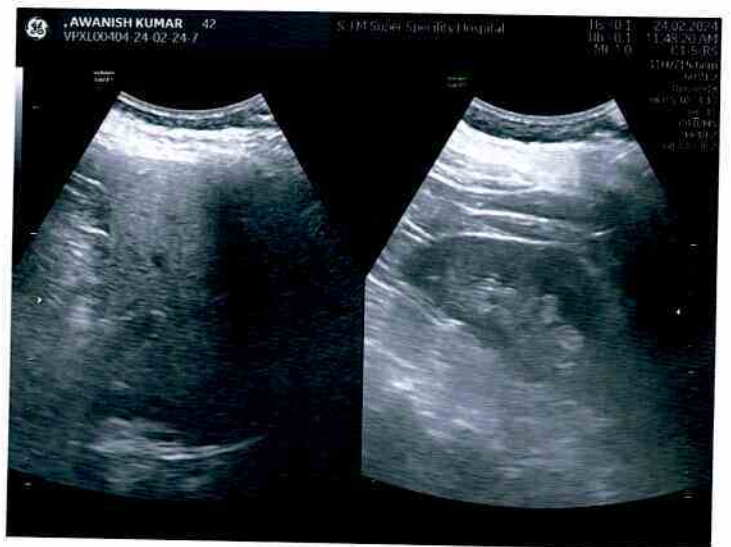
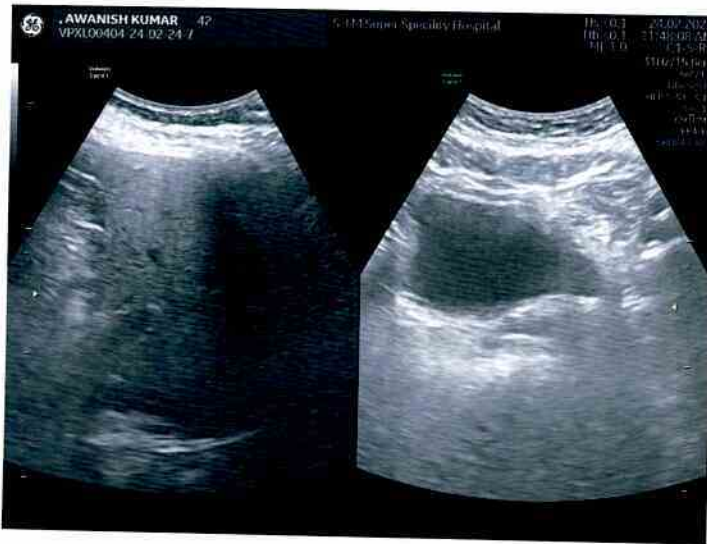
DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR









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(125 Bedded Fully Equipped With Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge

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



## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Awanish Kumar

Age /sex:42Yrs/M

Date:24/02/2024

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	4.6	2.7	(ED =39 -58)
Interventricular Septum	0.7		(ED = 6 -11)
Posterior Wall thickened	0.7		(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	

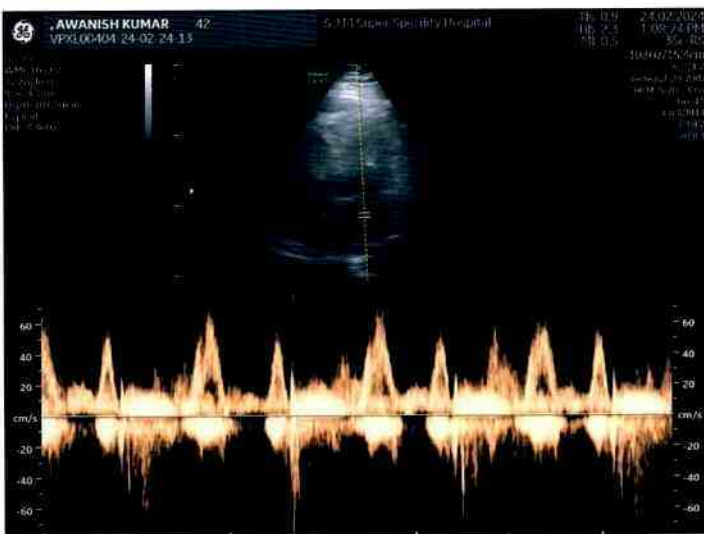
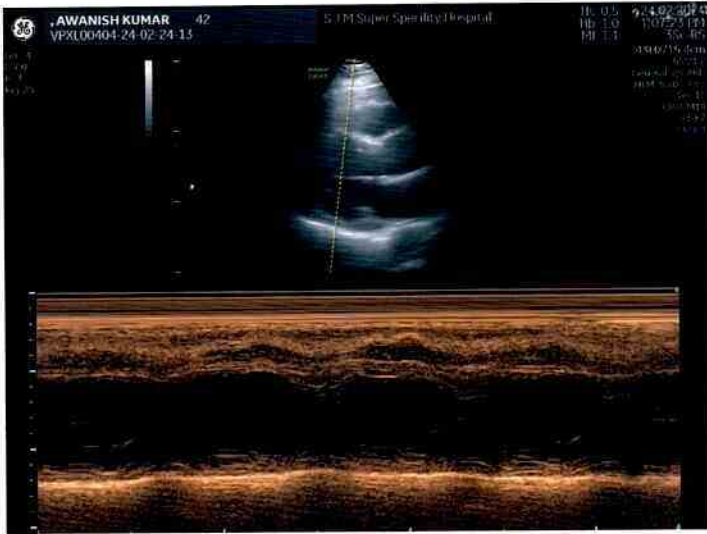
Final Interpretation: -

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

  
**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.









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Tel.: 0120-6530900 / 10 Mob.: +91 9599259072



Centre for Excellent Patient Care

PATIENT ID	: 26429 OPD	<b>X-Ray Report</b>	PATIENT NAME	: MR AWANISH KUMAR UPADH
AGE	: 042Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 24-Feb-2024

## X-RAY CHEST PA VIEW

### OBSERVATION:

**Prominence of Broncho vascular markings noted in bilateral lung fields.**

Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

**IMPRESSION: Prominence of Broncho vascular markings noted in bilateral lung fields.**

Suggest clinical correlation.

*V.S. Sai Naren*

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

Dr Sai Naren  
24th Feb 2024



Centre for Excellent Patient Care



R  
PA

