

Raj Ranjan Kumar  
Mob-8882032734

 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: आत्मज: इन्द्रदेओ पंडित,  
आरजेडसी2/97, आरजेड सी-2,  
विजय एन्क्लेव, पालम गाँव, दक्षिण  
पश्चिमी दिल्ली,  
दिल्ली - 110045

Address: S/O: Indradeo Pandit,  
RZC2/97, RZ C-2, Vijay Enclave,  
Palam Village, South West  
Delhi,  
Delhi - 110045

2880 4813 0306

1047  www  
help@uidai.gov.in www.uidai.gov.in



 भारत सरकार  
Government of India

 राजीव रंजन कुमार  
Rajiv Ranjan Kumar  
जन्म तिथि/DOB: 11/05/1983  
पुरुष / MALE

2880 4813 0306

कोशी आधार, कोशी पाहचान



# SJM SUPER SPECIALITY HOSPITAL

100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)



13/1/24

### (IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)  
M.B.B.S, MD(Obst. & Gynae)  
Dr. Neha Zutshi (Embryologist)

### OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)  
M.B.B.S, MD(Obst. & Gynae)  
Dr. Smritee Virmani (Endoscopy)  
MBBS, DGO, DNB, ICOG (Obst. & Gynae)  
Dr. Vinod Bhat  
M.B.B.S, MD (General Medicine)  
Dr. Vineet Gupta, MS (ENT)  
Dr. Naveen Gupta, MS (EYE)  
Dr. Ashutosh Singh, MS (Urology)  
Dr. Rahul Kaul (Spine Surgeon)  
MBBS, MS, (Orthopaedic)  
Dr. Raj Ganjoo MD (Psychiatric)  
Dr. Akash Mishra (Neuro Surgeon)  
Dr. Sanjay Sharma (Cardiologist)  
Dr. S.K. Pandita, MS (Surgeon)  
Dr. B.P. Gupta, MS (Surgeon)  
Dr. Jaisika Rajpal  
(MDS), (Periodontist & Implantologist)  
Dr. Akash Arora  
(MDS), Maxillofacial Surgeon  
Dr. Deepa Maheshwari  
M.B.B.S., MD, FRM, (IVF Specialist)  
Dr. Vivek Kumar Gupta  
MBBS, MS (General Surgeon)  
M.Ch. (Plastic Surgery)  
Dr. Anand Kumar  
MBBS, MD (Paediatrics)  
Dr. Amit kumar Kothari  
MBBS, MD (Medicine)  
Dr. Amit Aggarwal  
M.B.B.S., M.S. Ortho.

### Facilities:

100 Beds. Private & Public wards  
Inpatient & Outpatient - (OPD)Facilities  
24-Hour ambulance and emergency  
3 Operation theatres  
Laparoscopic & Conventional Surgery  
In vitro fertilization centre (IVF)  
Intensive Care Unit. (ICU)  
Neonatal ICUs (NICU)  
Dental Clinic  
Computerized pathology lab  
Digital X-ray and ultrasound  
Physiotherapy facilities  
24-Hour Pharmacy  
Cafeteria & Kitchen

Mr. Rajiv (41y/m)

Vinod Bhat  
616  
616,  
N6

- No complaints

CGS  
L  
L (BE)

Lubrex-Ds Eye Drops - 2 r/d  
X 2 months

L



## CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

**Panels:** Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assist India TPA Pvt Ltd., Park Medielaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

41 Years Male

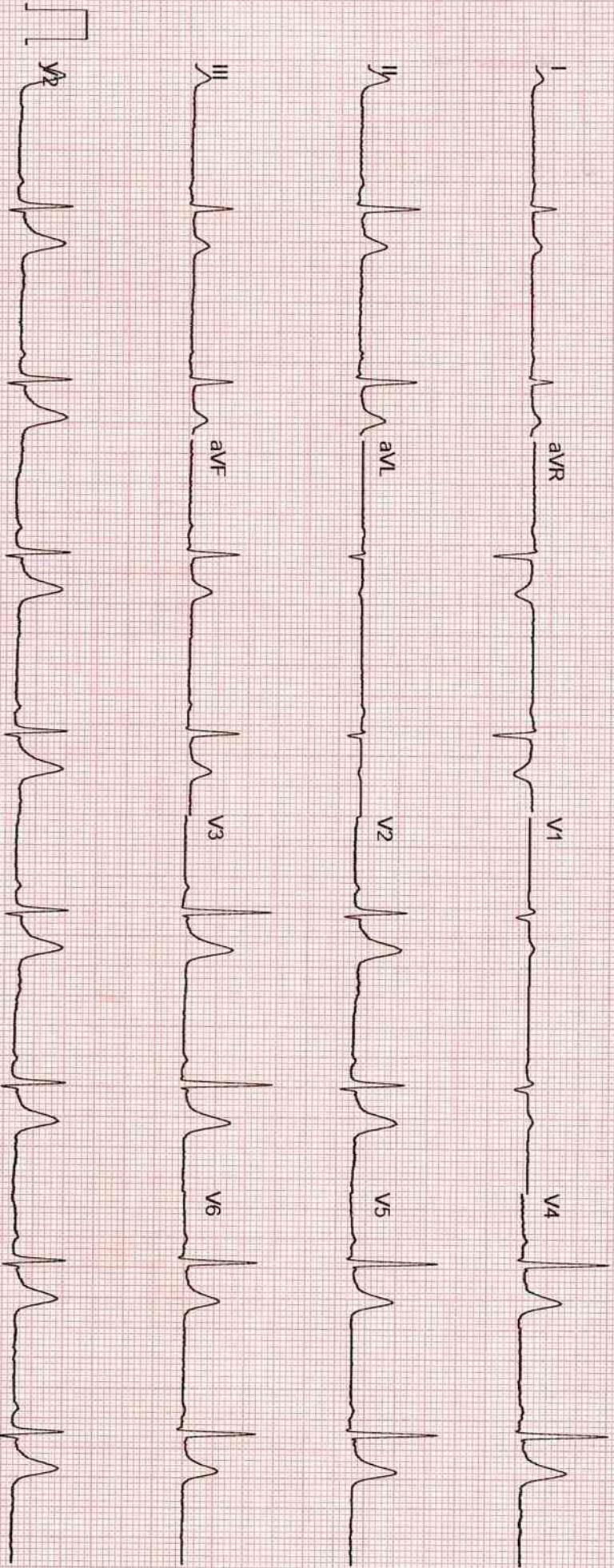
Location: Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 390 / 359 ms  
PR : 158 ms  
P : 84 ms  
RR / PP : 1166 / 1176 ms  
P / QRS / T : 14 / 67 / 62 degrees

Sinus bradycardia  
Otherwise normal ECG

**SUNSHINE SPECIALITY HOSPITAL**  
Dr. V. Vinod Kumar Bhat  
(M.B.B.S., M.D. (Medicine))  
Sr. Consultant Physician  
Reg. No. 30989 / DMC



## Laboratory Report

Lab Serial no. : LSHHI270911	Mr. No : 110471
Patient Name : Mr. RAJIV RANJAN KUMAR	Reg. Date & Time : 13-Jan-2024 10:24 AM
Age / Sex : 41 Yrs / M	Sample Receive Date : 13-Jan-2024 10:29 AM
Referred by : Dr. SELF	Result Entry Date : 13-Jan-2024 01:05PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 13-Jan-2024 01:05 PM
OPD : OPD	

### HAEMATOLOGY

results unit reference

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	14.1	gm/dL	12.0 - 17.0
TLC	5.4	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	46	%	40 - 70
Lymphocyte	<b>45</b>	%	20 - 40
Eosinophil	<b>07</b>	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.99	Thousand / UI	3.8 - 5.10
P.C.V	<b>43.1</b>	million/UI	00 - 40
M.C.V.	86.4	fL	78 - 100
M.C.H.	28.3	pg	27 - 31
M.C.H.C.	32.7	g/dl	32 - 36
Platelet Count	<b>1.47</b>	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

Lab Serial no. : LSHHI270911	Mr. No : 110471
Patient Name : Mr. RAJIV RANJAN KUMAR	Reg. Date & Time : 13-Jan-2024 10:24 AM
Age / Sex : 41 Yrs / M	Sample Receive Date : 13-Jan-2024 10:29 AM
Referred by : Dr. SELF	Result Entry Date : 13-Jan-2024 01:05PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 13-Jan-2024 01:05 PM
OPD : OPD	

### HAEMATOLOGY

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

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	11	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	4.9	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	93.93	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 :

Typed By : Mr. BIRJESH



## Laboratory Report

Lab Serial no.	: LSHHI270911	Mr. No	: 110471
Patient Name	: Mr. RAJIV RANJAN KUMAR	Reg. Date & Time	: 13-Jan-2024 10:24 AM
Age / Sex	: 41 Yrs / M	Sample Receive Date	: 13-Jan-2024 10:29 AM
Referred by	: Dr. SELF	Result Entry Date	: 13-Jan-2024 01:05PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 13-Jan-2024 01:05 PM
OPD	: OPD		

### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	24.9	mg/dL	18 - 55
Serum Creatinine	0.82	mg/dl	0.7 - 1.3
Uric Acid	6.9	mg/dl	3.5 - 7.2
Calcium	<b>8.5</b>	mg/dL	8.8 - 10.2
Sodium (Na+)	137.6	mEq/L	135 - 150
Potassium (K+)	3.99	mEq/L	3.5 - 5.0
Chloride (Cl)	103.3	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.64	mg/dL	7 - 18
PHOSPHORUS-Serum	3.12	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

technician :

Typed By : Mr. BIRJESH



## Laboratory Report

Lab Serial no. : LSHHI270911	Mr. No : 110471
Patient Name : Mr. RAJIV RANJAN KUMAR	Reg. Date & Time : 13-Jan-2024 10:24 AM
Age / Sex : 41 Yrs / M	Sample Receive Date : 13-Jan-2024 10:29 AM
Referred by : Dr. SELF	Result Entry Date : 13-Jan-2024 01:05PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 13-Jan-2024 01:05 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST, Serum</b>			
Bilirubin- Total	0.69	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.42</b>	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.27	mg/dL	0.2 - 1.2
SGOT/AST	33.0	IU/L	00 - 35
SGPT/ALT	43.3	IU/L	00 - 45
Alkaline Phosphate	67.0	U/L	53 - 128
Total Protein	<b>8.45</b>	g/dL	6.4 - 8.3
Serum Albumin	4.63	gm%	3.50 - 5.20
Globulin	<b>3.82</b>	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.21	%	

#### 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



Page 1

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

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

## Laboratory Report

Lab Serial no. : LSHHI270911	Mr. No : 110471
Patient Name : Mr. RAJIV RANJAN KUMAR	Reg. Date & Time : 13-Jan-2024 10:24 AM
Age / Sex : 41 Yrs / M	Sample Receive Date : 13-Jan-2024 10:29 AM
Referred by : Dr. SELF	Result Entry Date : 13-Jan-2024 01:05PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 13-Jan-2024 01:05 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	<b>221.0</b>	mg/dl	< - 200
HDL Cholesterol	38.6	mg/dl	35.3 - 79.5
LDL Cholesterol	<b>161.0</b>	mg/dl	50 - 150
VLDL Cholesterol	21.4	mg/dl	00 - 40
Triglyceride	107.1	mg/dl	00 - 170
Chloestrol/HDL RATIO	<b>5.7</b>	%	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.

technician :

Typed By : Mr. BIRJESH



Page 1

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

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



## Laboratory Report

Lab Serial no. : LSHHI270911	Mr. No : 110471
Patient Name : Mr. RAJIV RANJAN KUMAR	Reg. Date & Time : 13-Jan-2024 10:24 AM
Age / Sex : 41 Yrs / M	Sample Receive Date : 13-Jan-2024 10:29 AM
Referred by : Dr. SELF	Result Entry Date : 13-Jan-2024 06:06PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 13-Jan-2024 06:07 PM
OPD : OPD	

### BIOCHEMISTRY

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

#### BLOOD SUGAR (PP), Serum

SUGAR PP	123.9	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**

#### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	95.7	mg/dl	70 - 110
-----------------	------	-------	----------

**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.

technician :

Typed By : Mr. BIRJESH



## Laboratory Report

Lab Serial No. : LSHHI270911 Reg. No. : 110471  
Patient Name : MR. RAJIV RANJAN KUMAR Reg. Date & Time : 13-Jan-2024 10:24 AM  
Age/Sex : 41 Yrs /M Sample Collection Date : 13-Jan-2024 10:29 AM  
Referred By : SELF Sample Receiving Date : 13-Jan-2024 10:29 AM  
Doctor Name : Dr. Vinod Bhat Reporting Time : 13-Jan-2024 01:05 PM  
OPD/IPD : OPD

### TEST NAME

### VALUE

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 and RH negative.

### URINE SUGAR (FBS)

#### CHEMICAL EXAMINATION

Glucose : Nil

### URINE SUGAR (PPBS)

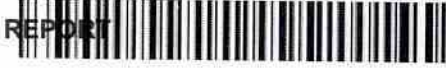
#### CHEMICAL EXAMINATION

Glucose : Nil



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

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



DIAGNOSTICS

<b>Patient Name</b> : Mr. RAJIV RANJAN KUMAR	<b>Registration No</b> : 153271
<b>Age/Sex</b> : 41 Y/Male	<b>Registered</b> : 13/Jan/2024
<b>Patient ID</b> : 012401130029	<b>Collection</b> : 13/Jan/2024 03:50PM
<b>Barcode</b> : 10162241	<b>Received</b> : 13/Jan/2024 04:16PM
<b>Ref. By</b> : Self	<b>Reported</b> : 13/Jan/2024 05:35PM
<b>SRF No.</b> :	<b>Panel</b> : SJM Hospital
<b>Aadhar-Nation</b> : - Indian	<b>Passport No.</b> :

Test Name	Value	Unit	Bio Ref.Interval
-----------	-------	------	------------------

PSA TOTAL ,Serum  
ECLIA

2.10	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

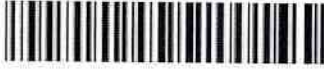


*Jhatia*  
**Dr. Jatinder Bhatia**  
MD Pathology  
Director

*Madhusmita Das*  
**Dr. Madhusmita Das**  
MD MICROBIOLOGY

*Chitra Chauhan*  
**Dr. Chitra Chauhan**  
MBBS, MD Pathology  
(Gold Medalist)





<b>Patient Name</b> : Mr. RAJIV RANJAN KUMAR	<b>Registration No</b> : 153271
<b>Age/Sex</b> : 41 Y/Male	<b>Registered</b> : 13/Jan/2024
<b>Patient ID</b> : 012401130029	<b>Collection</b> : 13/Jan/2024 03:50PM
<b>Barcode</b> : 10162241	<b>Received</b> : 13/Jan/2024 04:16PM
<b>Ref. By</b> : Self	<b>Reported</b> : 13/Jan/2024 05:31PM
<b>SRF No.</b> :	<b>Panel</b> : SJM Hospital
<b>Aadhar-Nation</b> : - Indian	<b>Passport No.</b> :

Test Name	Value	Unit	Bio Ref.Interval
-----------	-------	------	------------------

**THYROID PROFILE (TFT)\***

T3 ,Serum	127.00	ng/dl	69-215
T4 ,Serum ECLIA	8.90	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	1.0	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
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

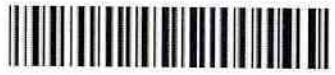


*Jhatia*  
**Dr. Jatinder Bhatia**  
MD Pathology  
Director

*Madhusmita Das*  
**Dr. Madhusmita Das**  
MD MICROBIOLOGY

*Chitra*  
**Dr. Chitra Chauhan**  
MBBS, MD Pathology  
(Gold Medalist)





<b>Patient Name</b> : Mr. RAJIV RANJAN KUMAR	<b>Registration No</b> : 153271
<b>Age/Sex</b> : 41 Y/Male	<b>Registered</b> : 13/Jan/2024
<b>Patient ID</b> : 012401130029	<b>Collection</b> : 13/Jan/2024 03:50PM
<b>Barcode</b> : 10162241	<b>Received</b> : 13/Jan/2024 04:16PM
<b>Ref. By</b> : Self	<b>Reported</b> : 13/Jan/2024 05:31PM
<b>SRF No.</b> :	<b>Panel</b> : SJM Hospital
<b>Aadhar-Nation</b> : - Indian	<b>Passport No.</b> :

Test Name	Value	Unit	Bio Ref.Interval
-----------	-------	------	------------------

Decreased or	Raised	Within range	hyperemesis gravidarum"
Within range			T3 toxicosis
			Non-Thyroidal illness

**TSH( $\mu$ U/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),PSA, TOTAL, Serum



*Jhatia*  
**Dr. Jatinder Bhatia**  
MD Pathology  
Director

*Madhusmita Das*  
**Dr. Madhusmita Das**  
MD MICROBIOLOGY

*Chitra*  
**Dr. Chitra Chauhan**  
MBBS, MD Pathology  
(Gold Medalist)





# SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped with Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge  
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072



Centre for Excellent Patient Care

PATIENT ID	: 25704 OPD	<b>X-Ray Report</b>	PATIENT NAME	: MR, RAJIV RANJAN KUMAR
AGE	: 041Y		SEX	: Male
ACCN	:		MODALITY	: DX
REF. PHY.	:		STUDY	: CHEST
STUDY DATE	: 13-Jan-2024		VOUCHER NO	:{voucherNo}

## RADIOLOGY REPORT

EXAM:X RAY CHEST

### CLINICAL HISTORY:

### COMPARISON:

None

### 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 Vilas Kanikdaley  
 Consultant Radiologist  
 MBBS, MD, DMIRE, DMRD  
 Regn No: 34910

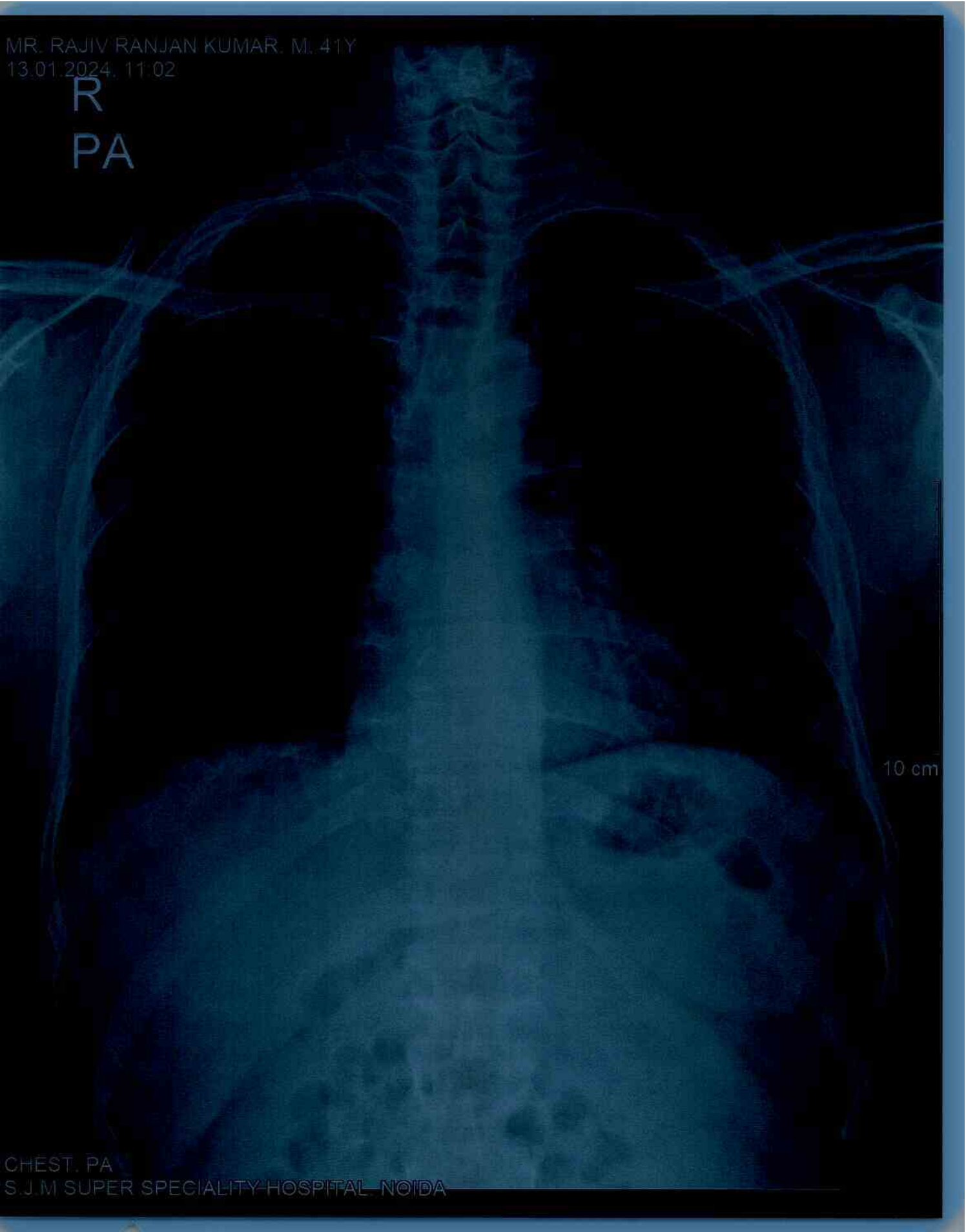
Dr Vilas Kanikdaley  
 13th Jan 2024

Centre for Excellent Patient Care



MR. RAJIV RANJAN KUMAR, M, 41Y  
13.01.2024, 11:02

R  
PA



10 cm

CHEST, PA  
S.J.M SUPER SPECIALITY HOSPITAL NOIDA





## Ultrasound Report

Name: Mr. Rajiv ranjan kumar

Age: 41y/M

Date: 13/01/2024

### 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 vein and common bile duct are normal.

**GALL BLADDER:** Gall bladder is physiologically distended. The wall normal 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 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 evidence of renal concretions on both 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.

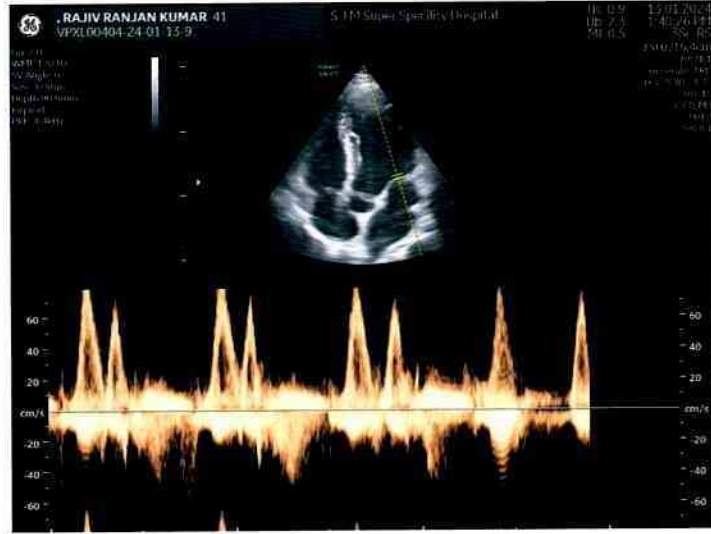
**IMPRESSION:** - Bilateral renal concretions.

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR



## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

<b>Name: Mr. Rajiv ranjan kumar</b>	<b>Age /sex:41Yrs/M</b>	<b>Date:13/01/2024</b>
<b>ECHO WINDOW: NORMAL</b>		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	3.2		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.8		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.6	2.7	(ED =39 -58)
Interventricular Septum	0.9		(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 HYPOKINASIA GLOBAL LVEF 60%
- 2.) No MS/MR, NO AS/AR, NO TR
- 3.) NO ASD, VSD, PDA
- 4.) No Intra cardiac clot, vegetation, pericardial effusion

  
**DR. AMIT ROTHARI**

Non-Interventional Cardiologist.

