

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

KAUSHLENDRA KUMAR  
RAJ KUMAR SHARMA  
15/01/1972  
Permanent Account Number  
AKTPK1639E

*Ranish*  
Signature



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 1408/20061/02703

To  
कौशलेन्द्र कुमार  
Kaushlendra Kumar  
S/O: Raj Kumar Sharma  
AT Rampur  
Near Ramrattan Hospital, Musalla Pur Hart Bazar Samiti  
Road  
Sampalchak  
Mahendru  
Sampalchak Patna  
Bihar 800006  
8527834115

07/08/2015  
279953952



MP799539526FT



आपका आधार क्रमांक / Your Aadhaar No. :

**7250 9051 7224**

आधार - आम आदमी का अधिकार



भारत सरकार  
Government of India



कौशलेन्द्र कुमार  
Kaushlendra Kumar  
जन्म तिथि / DOB : 15/01/1972  
पुरुष / Male



**7250 9051 7224**

आधार - आम आदमी का अधिकार

*8527834115*  
*28/12/2023*

15.01.1972  
51 Years

Male

sim hospital  
sector 63  
Gautam Budha Nagar, UP-201307

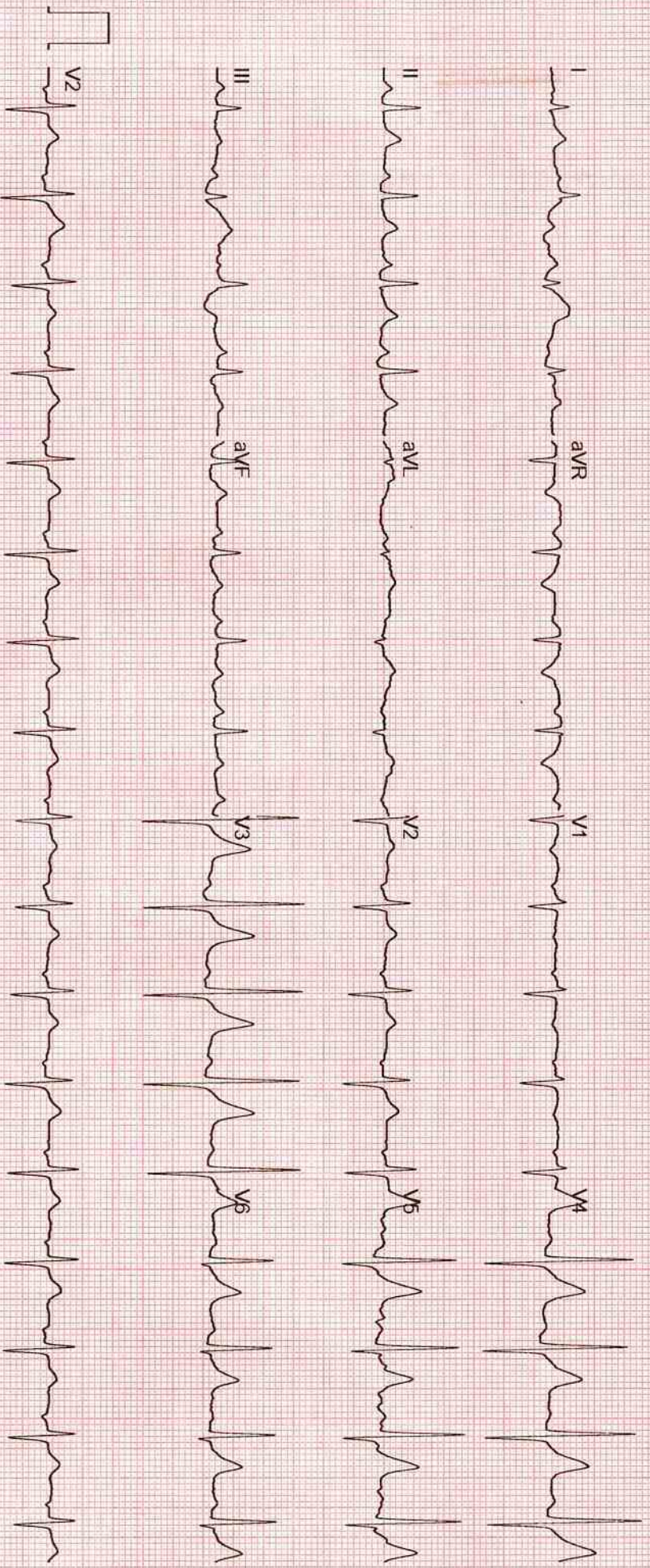
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS	72 ms
QT / QTcBaz	332 / 430 ms
PR	142 ms
P	90 ms
RR / PP	590 / 594 ms
P / QRS / T	76 / 70 / 36 degrees

Sinus tachycardia  
Otherwise normal ECG

**SIM SUPER SPECIALTY HOSPITAL**  
 Dr. Vinod Kumar Bhat  
 M.B.B.S., M.D. (Medicine)  
 Sr. Consultant Physician  
 Reg. No. 30989 (DMC) ECG





# SJM SUPER SPECIALITY HOSPITAL, & IVF CENTRE



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)

28.10.23

### (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. Kavohalander Kumar

C/O Union Bank of India

- Clinical exam reveals - normal

- Has ⊕ OA knee

Others - Rest etc.

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

## 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-Assit India TPA Pvt Ltd., Park Mediclaim, 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)



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Computerized pathology lab  
Digital X-ray and ultrasound  
Physiotherapy facilities  
24-Hour Pharmacy  
Cafeteria & Kitchen

Mr. Kaushlendra Kumar

28/10/23

(Sly/m)

H/O DM & HT

↓ Ayurvedic Tr.

VnK  
sl c n  
6/6p  
6/6p,  
N6

CSS

(CSE)

Lubrex Eye Drops - 3 times a day  
X 3 months



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

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## Laboratory Report

Lab Serial no.	: LSHHI264785	Mr. No	: 108096
Patient Name	: Mr. KAUSHLENDRA KUMAR	Reg. Date & Time	: 29-Oct-2023 03:26 AM
Age / Sex	: 51 Yrs / M	Sample Receive Date	: 29-Oct-2023 05:15 PM
Referred by	: Dr. SELF	Result Entry Date	: 29-Oct-2023 05:51PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 29-Oct-2023 05:52 PM
OPD	: OPD		

### HAEMATOLOGY

results                      unit                      reference

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	<b>9.7</b>	gm/dL	12.0 - 17.0
TLC	5.9	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	<b>74</b>	%	40 - 70
Lymphocyte	<b>16</b>	%	20 - 40
Eosinophil	<b>07</b>	%	01 - 06
Monocyte	03	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.08	Thousand / UI	3.8 - 5.10
P.C.V	31.7	million/UI	00 - 40
M.C.V.	<b>77.7</b>	fL	78 - 100
M.C.H.	<b>23.8</b>	pg	27 - 31
M.C.H.C.	<b>30.6</b>	g/dl	32 - 36
Platelet Count	3.42	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. : LSHH1264785	Mr. No : 108096
Patient Name : Mr. KAUSHLENDRA KUMAR	Reg. Date & Time : 29-Oct-2023 03:26 AM
Age / Sex : 51 Yrs / M	Sample Receive Date : 29-Oct-2023 05:15 PM
Referred by : Dr. SELF	Result Entry Date : 29-Oct-2023 05:51PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 29-Oct-2023 05:52 PM
OPD : OPD	

### HAEMATOTOLOGY

results	unit	reference
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#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	42	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
---------	------	-----------

#### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	129.6	mg/dl	70 - 110
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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.

technician :

Typed By : Mr. BIRJESH

## Laboratory Report

Lab Serial no. : LSHHI264785	Mr. No : 108096
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### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	128.0	mg/dl	< - 200
HDL Cholesterol	48.7	mg/dl	35.3 - 79.5
LDL Cholesterol	67.2	mg/dl	50 - 150
VLDL Cholesterol	12.1	mg/dl	00 - 40
Triglyceride	60.5	mg/dl	00 - 170
Chloestrol/HDL RATIO	<b>2.6</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.

### BLOOD SUGAR (PP), Serum

SUGAR PP	<b>230.9</b>	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



technician :

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## Laboratory Report

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### BIOCHEMISTRY

	results	unit	reference
<b>KFT, Serum</b>			
Blood Urea	22.0	mg/dL	18 - 55
Serum Creatinine	0.73	mg/dl	0.7 - 1.3
Uric Acid	5.8	mg/dl	3.5 - 7.2
Calcium	9.4	mg/dL	8.8 - 10.2
Sodium (Na <sup>+</sup> )	136.5	mEq/L	135 - 150
Potassium (K <sup>+</sup> )	4.38	mEq/L	3.5 - 5.0
Chloride (Cl)	103.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	10.28	mg/dL	7 - 18
PHOSPHORUS-Serum	3.30	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 :

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## Laboratory Report

Lab Serial no. : LSHH1264785	Mr. No : 108096
Patient Name : Mr. KAUSHLENDRA KUMAR	Reg. Date & Time : 29-Oct-2023 03:26 AM
Age / Sex : 51 Yrs / M	Sample Receive Date : 29-Oct-2023 05:15 PM
Referred by : Dr. SELF	Result Entry Date : 29-Oct-2023 05:51PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 29-Oct-2023 05:52 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST, Serum</b>			
Bilirubin- Total	0.59	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.22	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.37	mg/dL	0.2 - 1.2
SGOT/AST	16.9	IU/L	00 - 35
SGPT/ALT	18.3	IU/L	00 - 45
Alkaline Phosphate	62.0	U/L	53 - 128
Total Protein	6.98	g/dL	6.4 - 8.3
Serum Albumin	3.29	gm%	3.50 - 5.20
Globulin	3.69	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	0.89	%	

#### 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



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Age/Sex : 51 Yrs /M	Sample Collection Date : 29-Oct-2023 05:15 PM
Referred By : SELF	Sample Receiving Date : 29-Oct-2023 05:15 PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 29-Oct-2023 05:52 PM
OPD/IPD : OPD	

### URINE SUGAR (FBS)

#### CHEMICAL EXAMINATION

Glucose : Nil

### URINE SUGAR (PPBS)

#### CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

<http://rcipac3/SJM/Design/Finanace/LabTextReport.aspx>

10/29/2023

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

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



<b>Visit ID</b> : IQD55380	Registration	: 28/Oct/2023 05:50PM
UHID/MR No : IQD.0000053699	Collected	: 28/Oct/2023 05:52PM
<b>Patient Name</b> : Mr.KAUSHLENDRA KUMAR	Received	: 28/Oct/2023 05:57PM
Age/Gender : 52 Y 0 M 0 D /M	Reported	: 28/Oct/2023 06:14PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
	Barcode No	: 231008381



### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1c</b>				
Sample Type : WHOLE BLOOD EDTA				
HBA1c	6.0	%	Non-diabetic: <= 5.7~Pre-diabetic: 5.7-6.5~Diabetic: >= 6.5 %	HPLC
ESTIMATED AVG. GLUCOSE	125.5	mg/dL	Excellent control : 90-120~Good control : 121-150~Average control : 151-180~Action suggested : 181-210~Panic value : >211 mg/dl	Calculated

#### ININTERPRETATION :

- HbA1c is used for monitoring diabetic control . It reflects the estimated average glucose (eAG) .
- HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association ) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future.
- Trends in HbA1c are a better indicator of diabetes control than a solitary test .
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control. Excellent Control - 6 to 7 % , Fair to Good Control - 7 to 8 % , Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .



Dr. Ankita Singhal  
MBBS , MD(Microbiology)

Dr. Anil Rathore  
MBBS, MD(Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)



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Patient Name	: Mr.KAUSHLENDRA KUMAR	Received	: 28/Oct/2023 05:57PM
Age/Gender	: 52 Y 0 M 0 D /M	Reported	: 28/Oct/2023 06:34PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
		Barcode No	: 231008381



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (T3,T4,TSH)</b>				
Sample Type : SERUM				
T3	1.14	ng/ml	0.61-1.81	CLIA
T4	10.3	ug/dl	5.01-12.45	CLIA
TSH	4.94	uIU/mL	0.35-5.50	CLIA

### INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

### 9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

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

(References range recommended by the American Thyroid Association)

### Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



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	Barcode No	: 231008381



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL				
Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.88	ng/mL	0-4	CLIA

### INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertartion (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.

\*\*\* End Of Report \*\*\*



Dr.Ankita Singhal  
MBBS , MD(Microbiology)

Dr. Anil Rathore  
MBBS, MD(Pathology)

Dr. Prashant Singh  
MBBS,MD (Pathology)

Page 2 of 2



## X-Ray Report

PATIENT ID	: 24729 OPD	PATIENT NAME	: MR KAUSHLENDRA KUMAR
AGE	: 51Y	SEX	: Male
ACCN	:	MODALITY	: DX
REF. PHY.	:	STUDY	: Chest
STUDY DATE	: 28-Oct-2023	VOUCHER NO	#{voucherNo}

### X-RAY CHEST

View PA View

Observations

Visualized lung fields:- Prominence of Broncho vascular markings noted in bilateral lung fields.

Hilar Shadows: Are within normal limits.

Pulmonary vasculature:- Appears normal.

Cardia:- Is normal in size.

Domes of Diaphragm:- Are smooth.

Both Costophreic Recesses Are clear.

Bones and soft tissue shadows:- Appear normal.

**Impression**

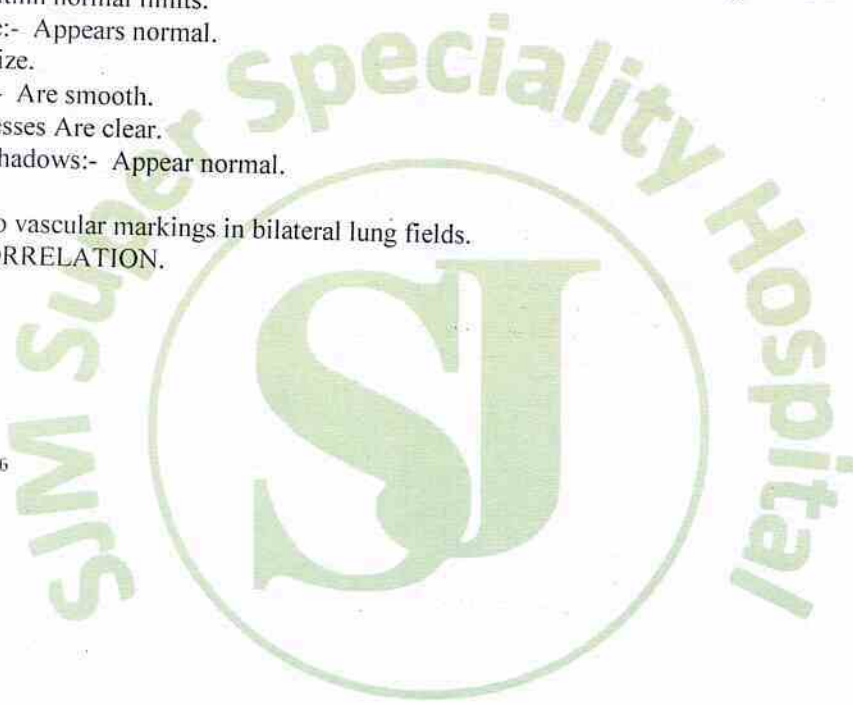
Prominence of Broncho vascular markings in bilateral lung fields.

Advise CLINICAL CORRELATION.



**Dr Sarang Rathod**  
 Consultant Radiologist  
 MBBS, MD  
 Rego No: MMC/2016/10/4446

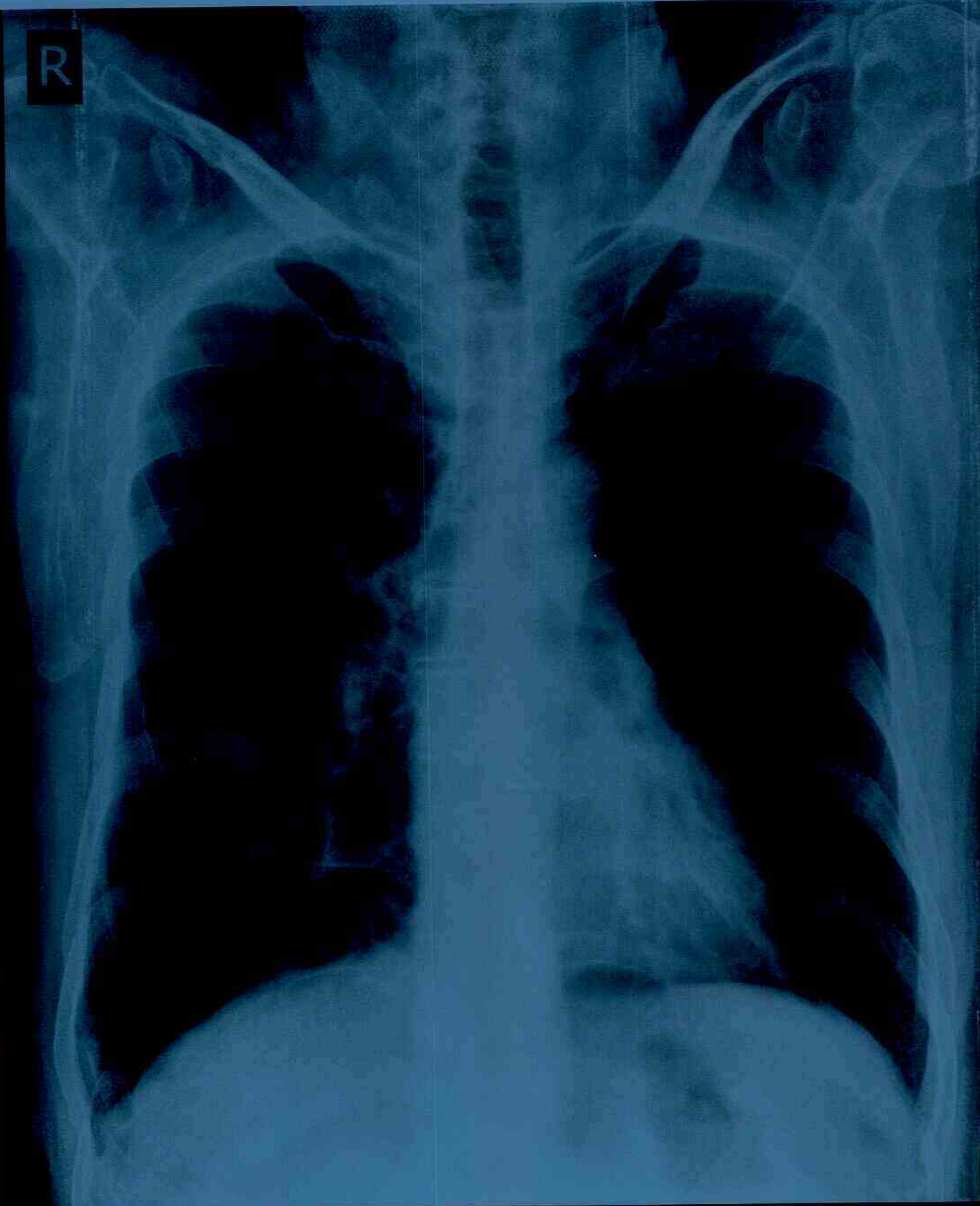
Dr Sarang Rathod  
 28th Oct 2023



Centre for Excellent Patient Care



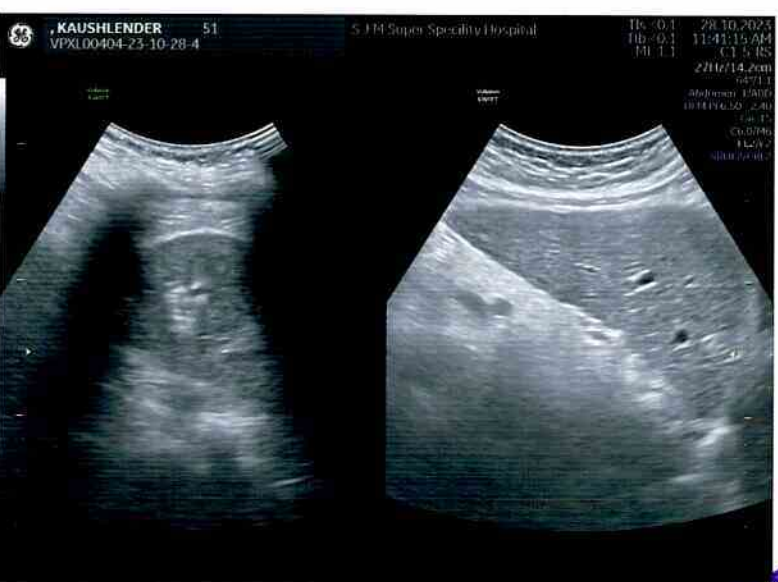
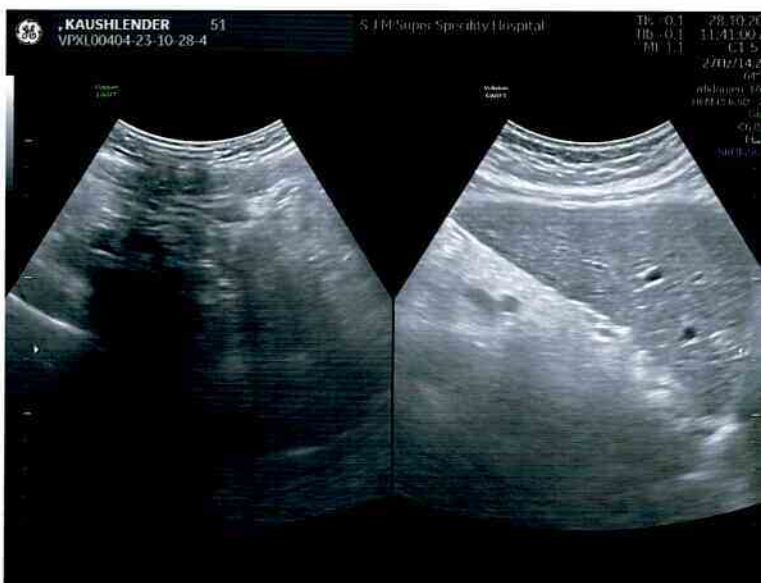
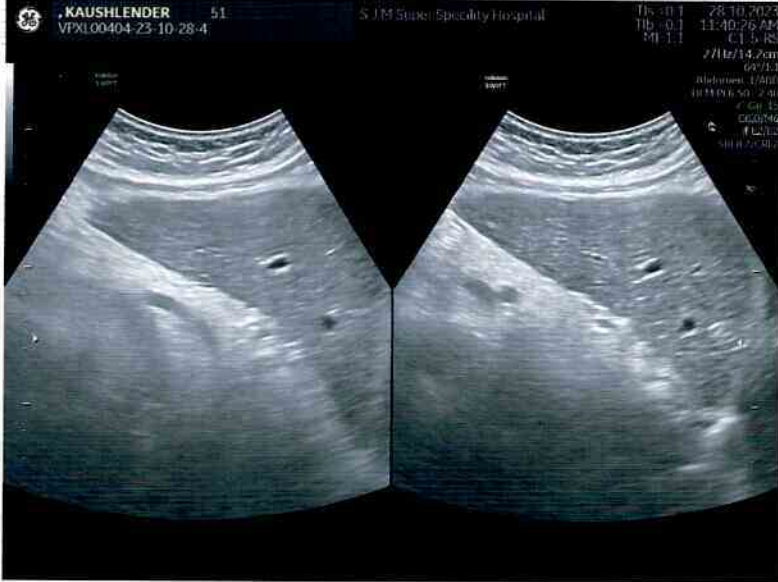
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MR KAUSHLENDRA KUMAR 51 Male

Chest PA 24729 OPD 28/10/2023 10:02:03 AM

S. J. MEMORIAL SUPER SPECIALITY HOSPITAL SEC 63, CHHIJARSI, NOIDA





## Ultrasound Report

Name: Mr. Kaushlender

Age:51 /M

Date: 28/10/2023

### Ultrasound - Male Abdomen

**Liver:** Liver appears coarsened in echotexture & small in size 12 cm x 14cm. 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 contracted.

**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 echopattern. 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: -** Liver coarsened.  
GB contracted.

DR. PUSHPA KAUL



For SJM Super Speciality Hospital  
DR. RAKESH GUJJAR

## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mr. Kaoshlender**

Age /sex: **51Yrs/M**

Date: **28/10/2023**

**ECHO WINDOW: POOR WINDOW**

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.7		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.3		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.8	2.8	(ED =39 -58)
Interventricular Septum	1.1		(ED = 6 -11)
Posterior Wall thickened	1.1		(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/NOMR, NO AS/AR, NO TR
- 3.) CONCENTRIC LVH
- 4.) No Intra cardiac clot, vegetation, pericardial effusion

  
**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.



