



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0619/60638/01871

Download Date: 27/09/2020
To
सुमीत चंद्र
Sumeet Chandra
C/O: Pankaj Narayan Ambasta
2M/97
Bahadurpur Housing Colony
Near T V Tower
B.h. Colony
B.H.Colony
Patna Bihar - 800026
9821829667

Issue Date: 20/03/2020



W-70kg
H-176cm
B.P-104/73
P-70"
SP02



आपका आधार क्रमांक / Your Aadhaar No. :

4191 6410 4210
VID : 9188 4277 7645 3656

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



सुमीत चंद्र
Sumeet Chandra
जन्म तिथि/DOB: 22/12/1982
पुरुष/ MALE

Issue Date: 20/03/2020

4191 6410 4210
VID : 9188 4277 7645 3656

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country
- Aadhaar helps you avail various Government and non-Government services easily
- Keep your mobile number & email ID updated in Aadhaar
- Get Aadhaar in your smart phone – use



पता:
द्वारा: पंकज नारायण अम्बरता, 2एम/97, बहादुरपुर
हाउसिंग कॉलोनी, टी वी टावर के पास, बी.एच. कॉलोनी,
पटना,
बिहार - 800026

Address:
C/O: Pankaj Narayan Ambasta, 2M/97
Bahadurpur Housing Colony, Near T V
Tower, B.h. Colony, Patna,
Bihar - 800026



4191 6410 4210
VID : 9188 4277 7645 3656

1947 | help@uidai.gov.in | www.uidai.gov.in

Sumit chandra
ID: 0000

11.04.2024 11:22:15 AM

62 bpm

--/-- mmHg

41 Years

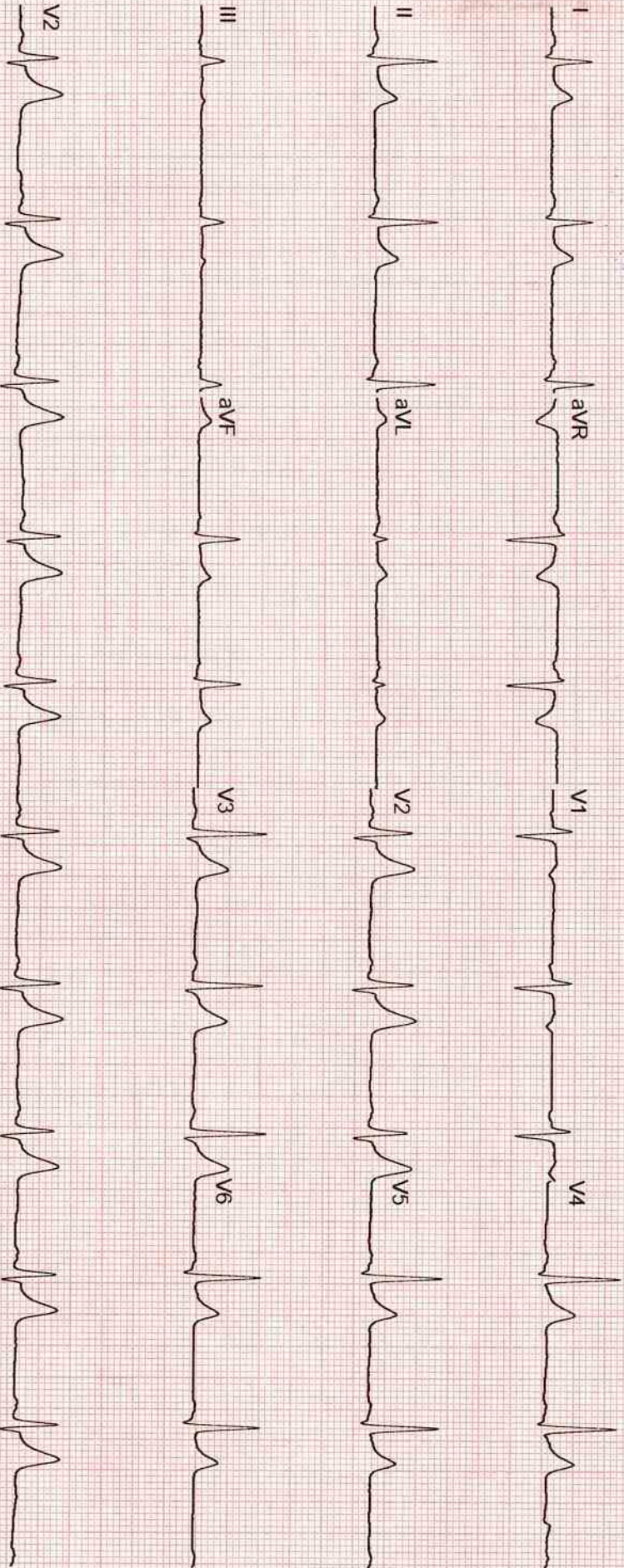
Male

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

11.04.2024 11:22:15 AM
sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS	84 ms	Normal sinus rhythm
QT / QTcBaz	366 / 371 ms	Normal ECG
PR	132 ms	
P	90 ms	
RR / PP	972 / 967 ms	
P / QRS / T	12 / 52 / 38 degrees	



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



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)



11/4/24

(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. Jaideep Gambhir, M.D(Psychiatrist)
- Consultant Psychiatry, Mob.: 8006888664
- Dr. Monica Gambhir, MBBS
- Family Therapist & Relationship Counsellor
- Mob.: 8006888663
- Dr. B.P. Gupta, MS (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. Sumit Chandra (41y/m)

Vn < 6/6
6/6,
N6

No complaints.

Acc < — Plano — 6/6
— Plano — 6/6,
N6

Blue cut lens.

Lubrex-DS Eye Drops - 2T/D x 2 m



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 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)

Laboratory Report

Lab Serial no. : LSHHI280838	Mr. No : 114084
Patient Name : Mr. SUMEET CHANDRA	Reg. Date & Time : 11-Apr-2024 10:11 AM
Age / Sex : 41 Yrs / M	Sample Receive Date : 11-Apr-2024 10:42 AM
Referred by : Dr. SELF	Result Entry Date : 11-Apr-2024 09:50PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 11-Apr-2024 09:51 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	12.7	gm/dL	12.0 - 17.0
TLC	6.0	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	58.1	%	40 - 70
Lymphocyte	32.1	%	20 - 40
Eosinophil	6	%	01 - 06
Monocyte	4	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.69	Thousand / UI	3.8 - 5.10
P.C.V	41.2	million/UI	00 - 40
M.C.V.	87.8	fL	78 - 100
M.C.H.	27.1	pg	27 - 31
M.C.H.C.	30.8	g/dl	32 - 36
Platelet Count	1.82	Lacs/cumm	1.5 - 4.5
ESR (Erythrocyte Sedimentation Rate)	20	mm/1hr	00 - 22

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. : LSHHI280838	Mr. No : 114084
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OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
HbA1C / GLYCATED HEMOGLOBIN / GHb			
Hb A1C	5.10	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	99.67	mg/dl	

INTERPRETATION-

NON DIABETIC	HBA1C	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

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH



MR. SUMEET CHANDRA

SJM SUPER SPECIALITY HOSPITAL

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

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

E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com



Centre for Excellent Patient Care

Laboratory Report

Lab Serial No. :	Reg. No. :	114084
Patient Name : MR. SUMEET CHANDRA	Reg. Date & Time :	11-Apr-2024 10:11 AM
Age/Sex : 41 Yrs /M	Sample Collection Date :	11-Apr-2024 10:42 AM
Referred By : SELF	Sample Receiving Date :	11-Apr-2024 10:42 AM
Doctor Name : Dr. Vinod Bhat	ReportingTime :	11-Apr-2024 09:51 PM
OPD/IPD : OPD		

TEST NAME

VALUE

ABO

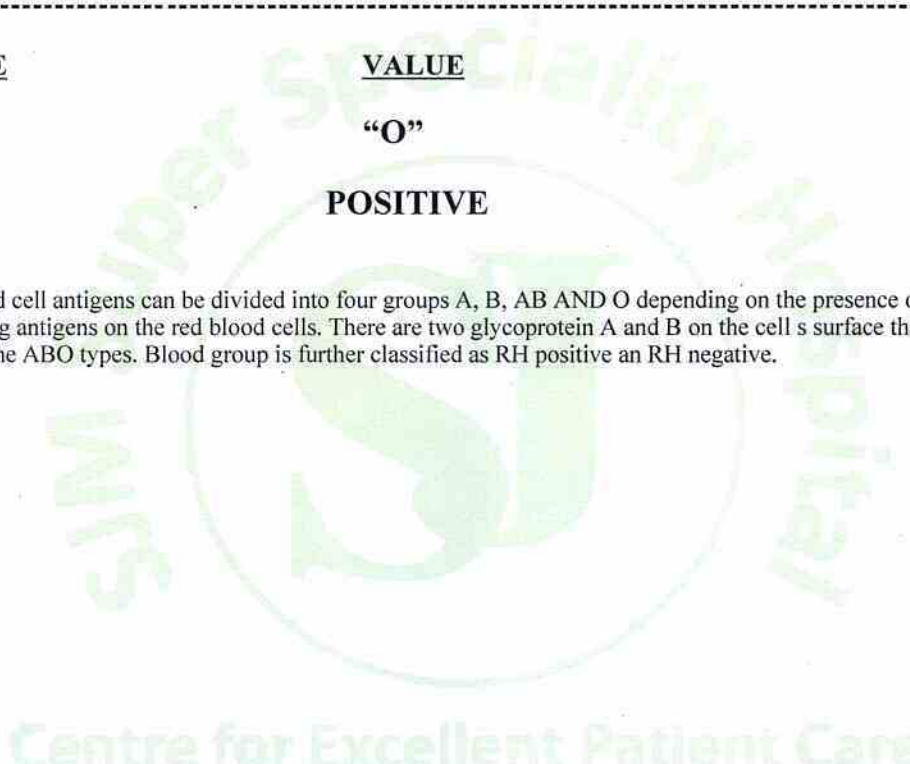
"O"

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.



Mr. BIRJESH

4/12/2024

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

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

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

Laboratory Report

Lab Serial no.	: LSHHI280838	Mr. No	: 114084
Patient Name	: Mr. SUMEET CHANDRA	Reg. Date & Time	: 11-Apr-2024 10:11 AM
Age / Sex	: 41 Yrs / M	Sample Receive Date	: 11-Apr-2024 10:42 AM
Referred by	: Dr. SELF	Result Entry Date	: 11-Apr-2024 09:50PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 11-Apr-2024 09:51 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
<u>BLOOD SUGAR (PP), Serum</u>			
SUGAR PP	136.0	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

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	92.20	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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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 11-Apr-2024 09:51 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	199.0	mg/dl	< - 200
HDL Cholesterol	41.6	mg/dl	35.3 - 79.5
LDL Cholesterol	129.90	mg/dl	50 - 150
VLDL Cholesterol	27.50	mg/dl	00 - 40
Triglyceride	137.6	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.80	%	3.30 - 4.40

INTERPRETATION:

Lipid profile OF 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.

Centre for Excellent Patient Care



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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 11-Apr-2024 09:51 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT, Serum			
Blood Urea	34.10	mg/dL	18 - 55
Serum Creatinine	0.83	mg/dl	0.7 - 1.3
Uric Acid	6.5	mg/dl	3.5 - 7.2
Calcium	9.20	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	138.9	mEq/L	135 - 150
Potassium (K ⁺)	4.24	mEq/L	3.5 - 5.0
Chloride (Cl)	110.20	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	15.93	mg/dL	7 - 18
PHOSPHORUS-Serum	3.28	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



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Referred by	: Dr. SELF	Result Entry Date	: 11-Apr-2024 09:50PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 11-Apr-2024 10:45 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.66	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.43	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.23	mg/dL	0.2 - 1.2
SGOT/AST	22.10	IU/L	00 - 35
SGPT/ALT	19.0	IU/L	00 - 45
Alkaline Phosphate	87.0	U/L	53 - 128
Total Protein	5.06	g/dL	6.4 - 8.3
Serum Albumin	4.67	gm%	3.50 - 5.20
Globulin	0.42	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	11.12	%	

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 :

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Laboratory Report

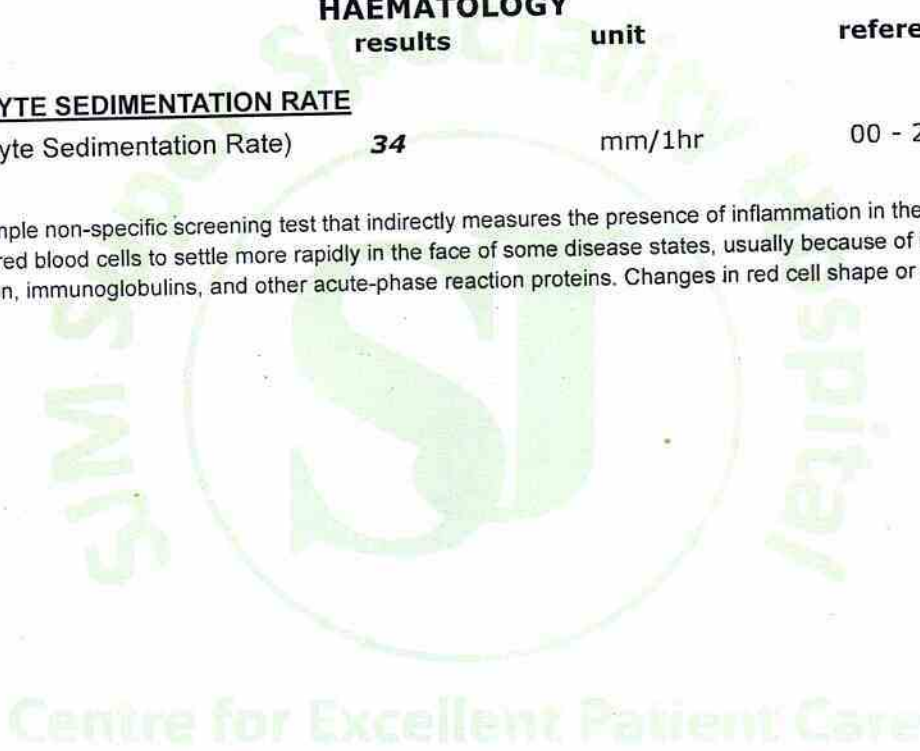
Lab Serial no.	: LSHHI280838	Mr. No	: 114084
Patient Name	: Mr. SUMEET CHANDRA	Reg. Date & Time	: 11-Apr-2024 10:11 AM
Age / Sex	: 41 Yrs / M	Sample Receive Date	: 11-Apr-2024 10:42 AM
Referred by	: Dr. SELF	Result Entry Date	: 12-Apr-2024 09:05AM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 11-Apr-2024 10:45 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	34	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.



technician :

Typed By : Mr. BIRJESH





MR. SUMEET CHANDRA

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Laboratory Report

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Doctor Name : Dr. Vinod Bhat	ReportingTime :	11-Apr-2024 10:45 PM
OPD/IPD : OPD		

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

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

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

Dr. Bupinder Zutshi
 (M.B.B.S., MD)
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Referred By : SELF	Sample Receiving Date :	11-Apr-2024 10:42 AM
Doctor Name : Dr. Vinod Bhat	Reporting Time :	11-Apr-2024 10:45 PM
OPD/IPD : OPD		

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil




Mr. BIRJESH


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

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

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

Visit ID : IQD96181	Registration	: 11/Apr/2024 02:31PM
UHID/MR No : IQD.0000094071	Collected	: 11/Apr/2024 02:29PM
Patient Name : Mr.SUMEET CHANDRA	Received	: 11/Apr/2024 02:38PM
Age/Gender : 41 Y 0 M 0 D /M	Reported	: 11/Apr/2024 03:49PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240402711



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	0.75	ng/ml	0.61-1.81	CLIA
T4	11.2	ug/dl	5.01-12.45	CLIA
TSH	3.19	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 T3 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. Ankita Singhal
MBBS, MD(Microbiology)

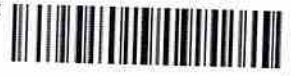
Dr. Anil Rathore
MBBS, MD(Pathology)

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 BLK-003/004, Sector 121, Noida - 201301

Visit ID	: IQD96181	Registration	: 11/Apr/2024 02:31PM
UHID/MR No	: IQD.0000094071	Collected	: 11/Apr/2024 02:29PM
Patient Name	: Mr.SUMEET CHANDRA	Received	: 11/Apr/2024 02:38PM
Age/Gender	: 41 Y 0 M 0 D /M	Reported	: 11/Apr/2024 03:49PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240402711




DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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Dr. Ankita Singhal
MBBS, MD(Microbiology)


Dr. Anil Rathore
MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 3 of 3

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

Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Sumeet

Age /sex:41Yrs/M

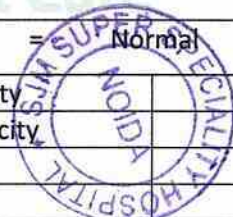
Date:11/04/2024

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.6		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	4.4	2.6	(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 / NO MR , NO AS/AR NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Ultrasound Report

Name: Mr.Sumeet Chandra

Age/Sex: 41Yrs./M

Date:11/04/2024

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 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 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. **Right kidney shows renal concretions & calculus meas. 5.2mm. Left kidney shows renal concretions & calculus meas. 4.3 mm in mid pole.**

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: - B/L renal calculus.
B/L renal concretion.

DR. PUSHPA KAUL

For SJM Super Specialty Hospital

DR. RAJESH

X-Ray Report

Name	MR SUMIT	Age	041 Y - M
Date	11/04/2024	Patient Id	27165 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.

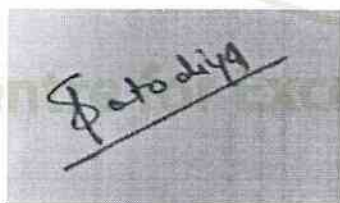
Bilateral costophrenic angles and cardiophrenic angles are normal.

Soft tissues and bony cage appear normal.

Impression:-

- **No significant abnormality is seen.**

Suggest clinical correlation.



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



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