



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

Enrolment No.: XXXX/XXXXX/XXXXX

To
Mukesh Pathya
S/O G. L. Pathya
CB-201 TELECOM CITY, PLOT NO. B 9/6
SECTOR 62 NOIDA
Gautam Buddha Nagar Uttar Pradesh-201307

Download Date: 26/04/2019

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आपका आधार क्रमांक / Your Aadhaar No. :

2272 4463 6870

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Mukesh Pathya
जन्म तिथि/DOB: 17/02/1984
पुरुष/ MALE

2272 4463 6870



मेरा आधार, मेरी पहचान



Government of India

AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
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- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



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Unique Identification Authority of India

Address:

S/O G. L. Pathya, CB-201 TELECOM
CITY, PLOT NO. B 9/6, SECTOR 62
NOIDA, Gautam Buddha Nagar,
Uttar Pradesh, 201307

2272 4463 6870



help@uidai.gov.in

www.uidai.gov.in

Mukesh Pathya

7984256832

86 bpm
-- / -- mmHg

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

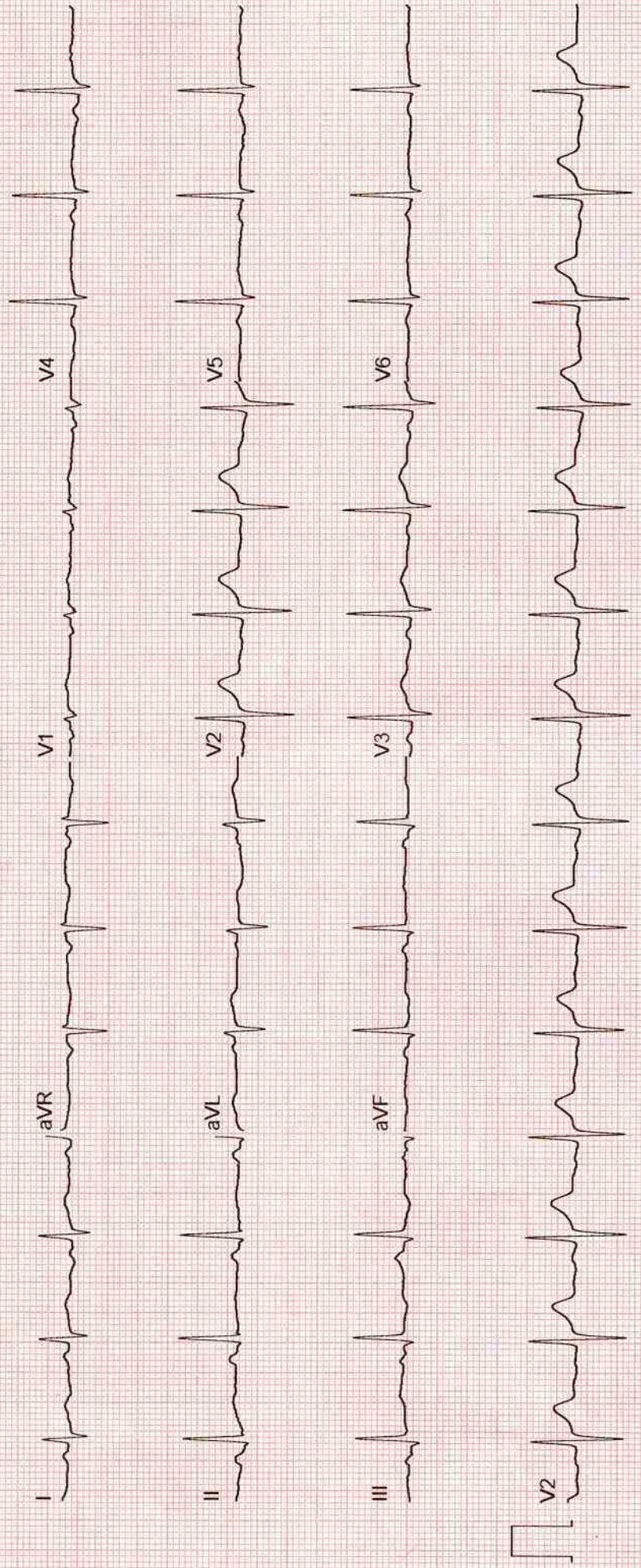
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

24.02.2024 10:39:11 AM
sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

Male
40 Years
QRS : 84 ms
QT / QTcBaz : 374 / 447 ms
PR : 140 ms
P : 108 ms
RR / PP : 694 / 697 ms
P / QRS / T : 46 / 81 / 28 degrees

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



Laboratory Report

Lab Serial no.	: LSHHI275444	Mr. No	: 112198
Patient Name	: Mr. MUKESH PATHYA	Reg. Date & Time	: 24-Feb-2024 04:07 AM
Age / Sex	: 40 Yrs / M	Sample Receive Date	: 24-Feb-2024 04:12 PM
Referred by	: Dr. SELF	Result Entry Date	: 24-Feb-2024 04:52PM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 24-Feb-2024 05:43 PM
OPD	: OPD		

HAEMATOTOLOGY

results unit reference

CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	15.2	gm/dL	12.0 - 17.0
TLC	8.9	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	65	%	40 - 70
Lymphocyte	29	%	20 - 40
Eosinophil	04	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.75	Thousand / UI	3.8 - 5.10
P.C.V	43.2	million/UI	00 - 40
M.C.V.	90.9	fL	78 - 100
M.C.H.	32.0	pg	27 - 31
M.C.H.C.	35.2	g/dl	32 - 36
Platelet Count	3.18	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

R. J. Goel

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. : LSHHI275444 Reg. No. : 112198
Patient Name : MR. MUKESH PATHYA Reg. Date & Time : 24-Feb-2024 04:07 AM
Age/Sex : 40 Yrs /M Sample Collection Date : 24-Feb-2024 04:12 PM
Referred By : SELF Sample Receiving Date : 24-Feb-2024 04:12 PM
Doctor Name : Dr. AMIT KOTHARI ReportingTime : 24-Feb-2024 05:56 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 and RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

Dr. Rajeev Goel

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>
M.D. (Pathologist)
36548 (MCI)

2/24/2024

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

Laboratory Report

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HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	26	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	6.3	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	134.11	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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Dr. Rajeev Goel
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Page 1

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

Laboratory Report

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Approved

BIOCHEMISTRY

results unit reference

KFT, Serum

Blood Urea	21.3	mg/dL	18 - 55
Serum Creatinine	0.67	mg/dl	0.7 - 1.3
Uric Acid	5.6	mg/dl	3.5 - 7.2
BUN/ Blood Urea Nitrogen	9.95	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.

LIPID PROFILE, Serum

S. Cholesterol	150.0	mg/dl	< - 200
HDL Cholesterol	26.8	mg/dl	35.3 - 79.5
LDL Cholesterol	95.9	mg/dl	50 - 150
VLDL Cholesterol	27.3	mg/dl	00 - 40
Triglyceride	136.4	mg/dl	00 - 170
Chloestrol/HDL RATIO	5.6	%	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.



technician :

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Laboratory Report

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BIOCHEMISTRY

LIVER FUNCTION TEST, Serum

	results	unit	reference
Bilirubin- Total	1.06	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.56	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.50	mg/dL	0.2 - 1.2
SGOT/AST	32.0	IU/L	00 - 35
SGPT/ALT	43.0	IU/L	00 - 45
Alkaline Phosphate	102.0	U/L	53 - 128
Total Protein	7.51	g/dL	6.4 - 8.3
Serum Albumin	4.38	gm%	3.50 - 5.20
Globulin	3.13	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.40	%	

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



RSJ

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
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BLOOD SUGAR (PP),Serum

SUGAR PP	153.6	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

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	127.5	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



Visit ID : IQD83628	Registration : 24/Feb/2024 12:55PM	
UHID/MR No : IQD.0000081571	Collected : 24/Feb/2024 01:02PM	
Patient Name : Mr.MUKESH PATHYA	Received : 24/Feb/2024 02:09PM	
Age/Gender : 40 Y 0 M 0 D /M	Reported : 24/Feb/2024 03:25PM	
Ref Doctor : Dr.SELF	Status : Final Report	
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151	
Employee Code :	Barcode No : 240205577	

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.41	ng/ml	0.61-1.81	CLIA
T4	10.33	ug/dl	5.01-12.45	CLIA
TSH	1.95	uIU/mL	0.35-5.50	CLIA

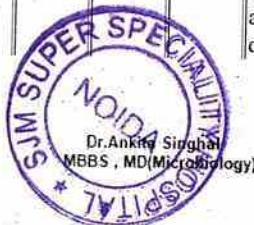
REFERENCE RANGE :

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:

Triiodothyronin e T3 , Thyroxine T4, and Thyroid Stimulatin g Hormone TSH are thyroid hormones wh ich affect almost every ph ysiological process in the body, includ ing growth, development, metabolism, bod y tem perature, and heart rate. Production of T3 and its prohormone thyroxi ne (T4) is activated by thyroid -stimulati ng hormone (TSH), which is released from the pi tuitary gland. Elevated concn trations 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 serm n TT3 level is a more sensitive test for the diagnosis of hyperthyroid ism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid honnone in blood is bound to transport protei ns. Only a very small fraction of the circulati ng hormone is !Tee and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumi n 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 Thyroid itis (3) Post Thyroidectomy (4) Post Rad io-Iod ine treatment
2	High	Normal	Normal	Normal	(1)Subcl inical Hypothyroid ism (2) Patien t with insufficien t thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroid itis (4). Isolated increase in TSH levels can be due to Subclinical inflammation , drugs like amphetamines, Iod ine containing drng and dopamine antagonist e.g. domperidone and



Dr. Anil Rathore
MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS,MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics 1st Floor,P,K-06,Sector122 Noida-201307

Visit ID : IQD83628	Registration : 24/Feb/2024 12:55PM		
UHID/MR No : IQD.000081571	Collected : 24/Feb/2024 01:02PM		
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Age/Gender : 40 Y O M O D /M	Reported : 24/Feb/2024 03:25PM		
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Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151		
Employee Code :	Barcode No : 240205577		

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
				other physiological reasons.
3	Normal/Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

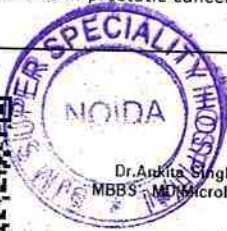
Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN 0.54 ng/mL 0-4 CLIA

INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertrophy (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. Ankit Singh
MBBS, MD (Microbiology)

Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 2 of 3

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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)

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

Ultrasound Report

Name: Mr. Mukesh pathya

Age: 40y/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 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 no evidence of renal calculi on right side. **Left kidney shows renal concretions.**

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.

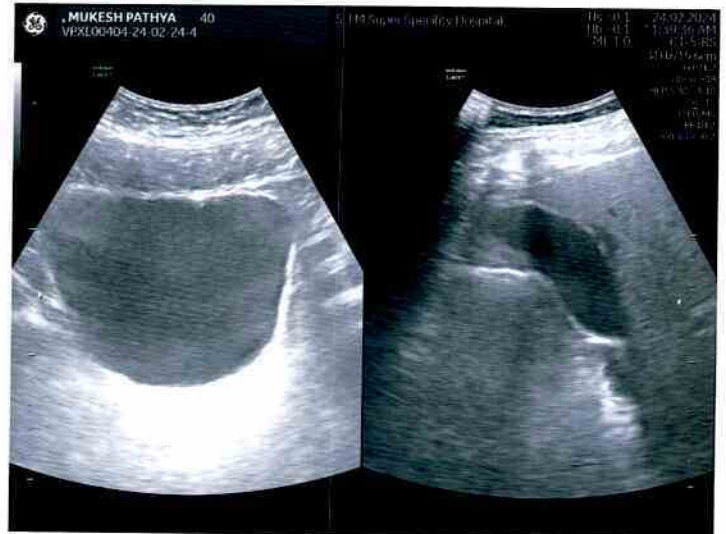
IMPRESSION: - Fatty liver with grade 1.
Left renal concretions

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR



Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mr. Mukesh Pathya**

Age /sex: **40Yrs/M**

Date: **24/02/2024**

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	2.9		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.2	2.5	(ED =39 -58)
Interventricular Septum	0.8		(ED = 6 -11)
Posterior Wall thickened	0.8		(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



[Signature]
DR. AMIT KOTHARI

Non-Interventional Cardiologist.





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



PATIENT ID	: 26428 OPD	X-Ray Report	PATIENT NAME	: MR MUKESH PATHYA
AGE	: 040Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 24-Feb-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY: NA.

COMPARISON:
None.

TECHNIQUE:
Frontal projections of the chest were obtained.

FINDINGS:
 Bilateral prominent hila with prominent bronchovascular markings in bilateral lung fields.
 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:
 • Bilateral prominent hila with prominent bronchovascular markings in bilateral lung fields.

Aditya P. Viras
 Dr Aditya Pravin Viras
 Consultant Radiologist
 MBBS, MD
 Regn No: 2021/07/6884



Dr Aditya Viras
24th Feb 2024

Centre for Excellent Patient Care

R
PA

