

B.P - 121/80  
P - 86/m  
SpO2 - 97%  
Wt - 71 kg  
Ht - 171 cm



आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

SATISH KUMAR SHARMA

SATYAPAL SHARMA

01/01/1971  
Permanent Account Number

BBOPS8456C

Signature



*Satish Kumar Sharma*

9860349919

Visit: COOPERATE  
Male

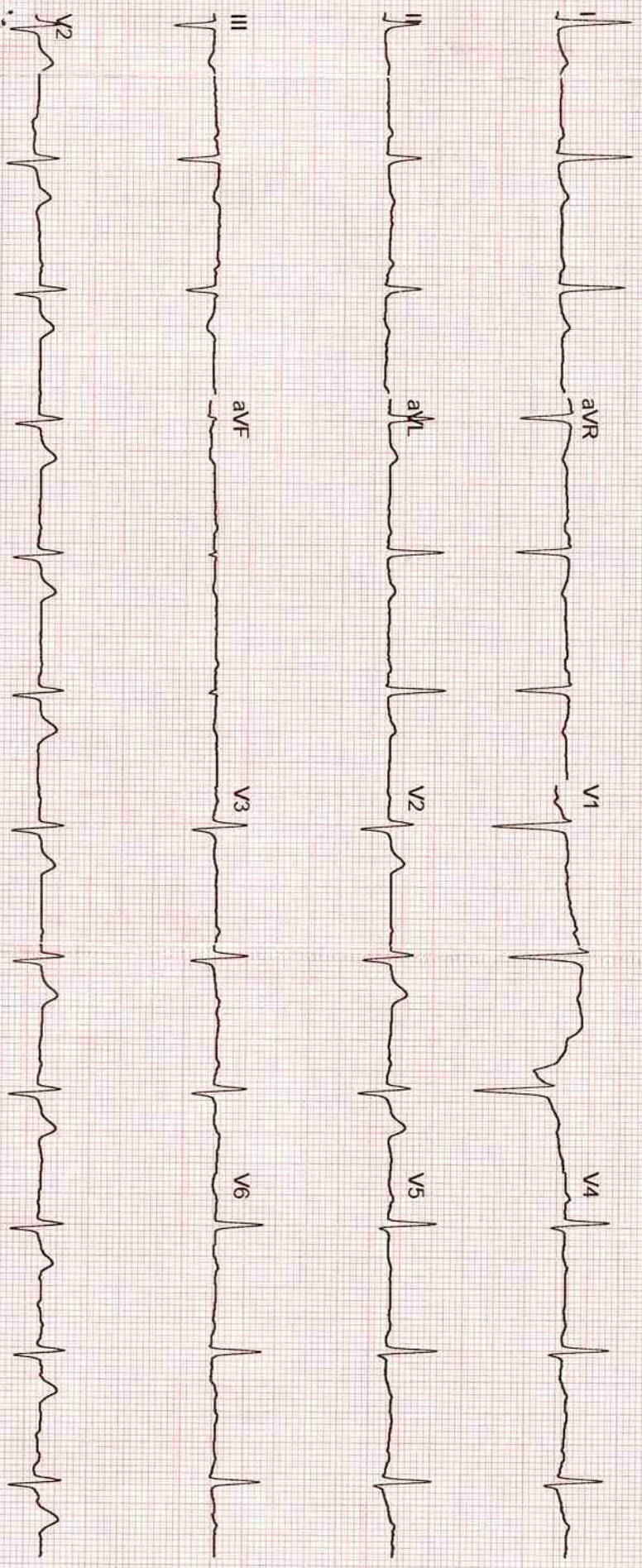
Gautam Budhha Nagar, UP-201307

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

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS	86 ms
QT / QTcBaz	376 / 406 ms
PR	162 ms
P	104 ms
RR / PP	856 / 857 ms
P / QRS / T	32 / -3 / 0 degrees

Normal sinus rhythm  
Minimal voltage criteria for LVH, may be normal variant  
Borderline ECG



Unconfirmed



# 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)

29/3/24

**(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
- Laposcopic & 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. Satish Kr. Sharma

(54y/M)

H/O HTEDM.

Vn < 6112P  
6112P  
AR < +1.25  
+1.00

Acc < +1.00 DS — 616  
+1.00 DS — 616  
Add: +2.50 DS N6 (BE)

Progression  
(BE)  
Lubster-DS eye drops- 2 times a day  
x 3 months

Dental Notes.

Clc. Rt complain  
D/C Calcium + P  
Stain P-R



**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., IFICO Tokio General Insurance Co. Ltd., IFICO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATAAIG 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. : LSHHI279253	Mr. No : 113528
Patient Name : Mr. SATISH KUMAR SHARMA	Reg. Date & Time : 29-Mar-2024 03:39 AM
Age / Sex : 53 Yrs / M	Sample Receive Date : 29-Mar-2024 03:39 PM
Referred by : Dr. SELF	Result Entry Date : 01-Apr-2024 11:42AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 01-Apr-2024 11:53 AM
OPD : OPD	

### HAEMATOLOGY

	results	unit	reference
<b>CBC / COMPLETE BLOOD COUNT</b>			
HB (Haemoglobin)	15.6	gm/dL	12.0 - 17.0
TLC	9.0	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	62	%	40 - 70
Lymphocyte	29	%	20 - 40
Eosinophil	<b>07</b>	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	<b>5.23</b>	Thousand / UI	3.8 - 5.10
P.C.V	<b>46.9</b>	million/UI	00 - 40
M.C.V.	89.7	fL	78 - 100
M.C.H.	29.8	pg	27 - 31
M.C.H.C.	33.3	g/dl	32 - 36
Platelet Count	2.39	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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Age / Sex : 53 Yrs / M	Sample Receive Date : 29-Mar-2024 03:39 PM
Referred by : Dr. SELF	Result Entry Date : 01-Apr-2024 11:43AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 01-Apr-2024 11:53 AM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b><u>BLOOD SUGAR (PP),Serum</u></b>			
SUGAR PP	<b>227.2</b>	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)	<b>131.9</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.



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### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	148.0	mg/dl	< - 200
HDL Cholesterol	<b>34.7</b>	mg/dl	35.3 - 79.5
LDL Cholesterol	79.2	mg/dl	50 - 150
VLDL Cholesterol	34.1	mg/dl	00 - 40
Triglyceride	<b>170.3</b>	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.3	%	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.

Centre for Excellent Patient Care

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

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OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b><u>HbA1C / GLYCATED HEMOGLOBIN / GHB</u></b>			
Hb A1C	<b>6.3</b>	%	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



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### BIOCHEMISTRY

	results	unit	reference
<u>KFT,Serum</u>			
Blood Urea	34.2	mg/dL	18 - 55
Serum Creatinine	1.30	mg/dl	0.7 - 1.3
Uric Acid	<b>8.6</b>	mg/dl	3.5 - 7.2
Calcium	8.8	mg/dL	8.8 - 10.2
Sodium (Na+)	138.0	mEq/L	135 - 150
Potassium (K+)	3.88	mEq/L	3.5 - 5.0
Chloride (Cl)	106.4	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	15.98	mg/dL	7 - 18
PHOSPHORUS-Serum	2.65	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.



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## Laboratory Report

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### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST, Serum</b>			
Bilirubin- Total	0.77	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.35</b>	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.42	mg/dL	0.2 - 1.2
SGOT/AST	32.7	IU/L	00 - 35
SGPT/ALT	<b>60.7</b>	IU/L	00 - 45
Alkaline Phosphate	71.0	U/L	53 - 128
Total Protein	7.11	g/dL	6.4 - 8.3
Serum Albumin	4.40	gm%	3.50 - 5.20
Globulin	2.71	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.62	%	

#### 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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 E-mail.: email@sjmhospital.com  
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## Laboratory Report

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Patient Name	: MR. SATISH KUMAR SHARMA	Reg. Date & Time	: 29-Mar-2024 03:39 AM
Age/Sex	: 53 Yrs /M	Sample Collection Date	: 29-Mar-2024 03:39 PM
Referred By	: SELF	Sample Receiving Date	: 29-Mar-2024 03:39 PM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 01-Apr-2024 11:53 AM
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 an RH negative.

### URINE SUGAR (FBS)

### CHEMICAL EXAMINATION

Glucose : Nil

### URINE SUGAR (PPBS)

### CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

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

4/1/2024

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

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

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OPD/IPD : OPD	:

### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml  
 Color: Yellow  
 Transparency: clear

#### CHEMICAL EXAMINATION

Albumin: nil  
 Glucose: nil  
 PH: Acidic

#### MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF  
 RBC's: nil  
 Crystals: nil  
 Epithelial cells: 0-1 /HPF  
 Others: nil

#### Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



Mr. BIRJESH



<b>Visit ID</b> : IQD95597	Registration	: 09/Apr/2024 11:08AM
UHID/MR No : IQD.0000093488	Collected	: 09/Apr/2024 01:01PM
<b>Patient Name</b> : Mr.SATISH KUMAR SHARMA	Received	: 09/Apr/2024 01:23PM
Age/Gender : 54 Y 0 M 0 D /M	Reported	: 09/Apr/2024 02:59PM
Ref Doctor : Dr.SJM HOSPITAL	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240402130



### 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	0.94	ng/ml	0.61-1.81	CLIA
T4	8.41	ug/dl	5.01-12.45	CLIA
TSH	<b>6.04</b>	uIU/mL	0.35-5.50	CLIA

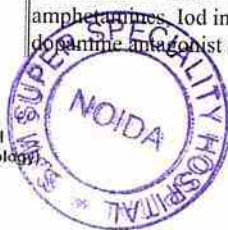
#### REFERENCE RANGE :

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. Ankita Singhal  
MBBS, MD(Microbiology)Dr. Anil Rathore  
MBBS, MD(Pathology)Dr. Prashant Singh  
MBBS, MD (Pathology)

Page 1 of 4

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

<b>Visit ID</b> : IQD95597	Registration	: 09/Apr/2024 11:08AM
UHID/MR No : IQD.0000093488	Collected	: 09/Apr/2024 01:01PM
<b>Patient Name</b> : Mr.SATISH KUMAR SHARMA	Received	: 09/Apr/2024 01:23PM
Age/Gender : 54 Y O M O D /M	Reported	: 09/Apr/2024 02:59PM
Ref Doctor : Dr.SJM HOSPITAL	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240402130

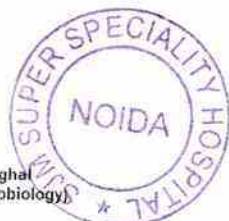


### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
				other physiological reasons.	
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	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	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(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,FreeT4 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.



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### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>VITAMIN D (25 OH )</b>				
Sample Type : SERUM				
VITAMIN D	18	ng/ml	30-100	CLIA

#### INTERPRETATION:

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-100 ng/ml
Toxicity	> 100 ng/ml

#### DECREASED LEVELS:

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

#### INCREASED LEVELS:

- Vitamin D intoxication.

#### COMMENTS:

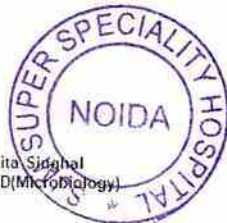
- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.

### PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.2	ng/mL	0-4	CLIA

#### INTERPRETATION:

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



Dr. Ankita Singh  
MBBS, MD(Microbiology)

Dr. Anil Rathore  
MBBS, MD(Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

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### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>VITAMIN B12</b>				
<b>Sample Type : SERUM</b>				
VITAMIN B12	256	pg/mL	187-883 pg/mL	CLIA

#### COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.

Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

#### LIMITATIONS:

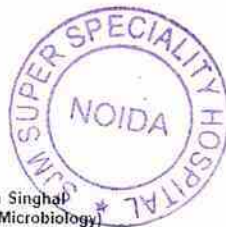
For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

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



Dr. Ankita Singh  
MBBS, MD(Microbiology)



Dr. Anil Rathore  
MBBS, MD(Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

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

## Ultrasound Report

### TRANSTHORASIC ECHO-DOPPLER REPORT

Name: **Mr. Satish Kumar**

Age /sex: **53Yrs/M**

Date: **29/03/2024**

**ECHO WINDOW: FAIR WINDOW**

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.5		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	4.2	2.5	(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	







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

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



## 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 MR NO MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.

Centre for Excellent Patient Care





## Ultrasound Report

Name: Mr. Satish Kumar

Age: 53y/M

Date: 29/03/2024

### 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 calculus 4.8 mm.**

**PARAAORTIC REGIONS:** Any mass/ lymph nodes: -- no mass or lymph nodes seen.

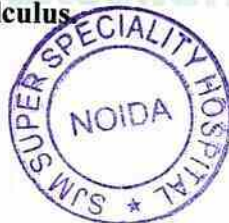
**URINARY BLADDER:** Adequately distended. Wall were regular and thin. Contents are Normal. No stone formation seen.

**PROSTATE:** Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

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

Left renal calculus

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR





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PATIENT ID	: 26915 OPD	<b>X-Ray Report</b>	PATIENT NAME	: MR SATISH KUMAR SHARMA
AGE	: 053Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 29-Mar-2024

## RADIOLOGY REPORT

EXAM: X RAY CHEST

### 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.

*V.S. Sai Naren*

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

Dr Sai Naren  
 29th Mar 2024



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R  
PA

