

H- 172cm (BMI) 27.0 overweight  
 W- 80kg Overweigh + 6.2kg  
 B.P — 120/80 Normal weight  
 P — 73/um 54.7-73.8kg  
 SpO2 — 86%



भारतीय विशिष्ट पहचान प्राधिकरण  
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
 S/O पी.एन.निगम, मकान  
 नं.-६४९, मीडिया पब्लिक  
 स्कूल के पास, सेक्टर-२-बी,  
 वसुंधरा एस.ओ,  
 गाजियाबाद,  
 उत्तर प्रदेश - 201012

Address:  
 S/O P.N.Nigam, House No. 649  
 Near Media Public School,  
 Sector-2-B, Vasundhra S.O,  
 Ghaziabad, Uttar Pradesh -  
 201012



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P.O. Box No. 1947,  
 Bengaluru-560 001

for health checkup,  
 47y  
 9911399300



भारत सरकार  
 GOVERNMENT OF INDIA



नितिन निगम  
 Nitin Nigam  
 जन्म तिथि/ DOB: 21/12/1976  
 पुरुष / MALE

9494 1865 8257



आधार - आम आदमी का अधिकार

23.03.2024 1:05:35 PM  
srm hospital  
sector 63  
Gautam Budhha Nagar, UP-201307

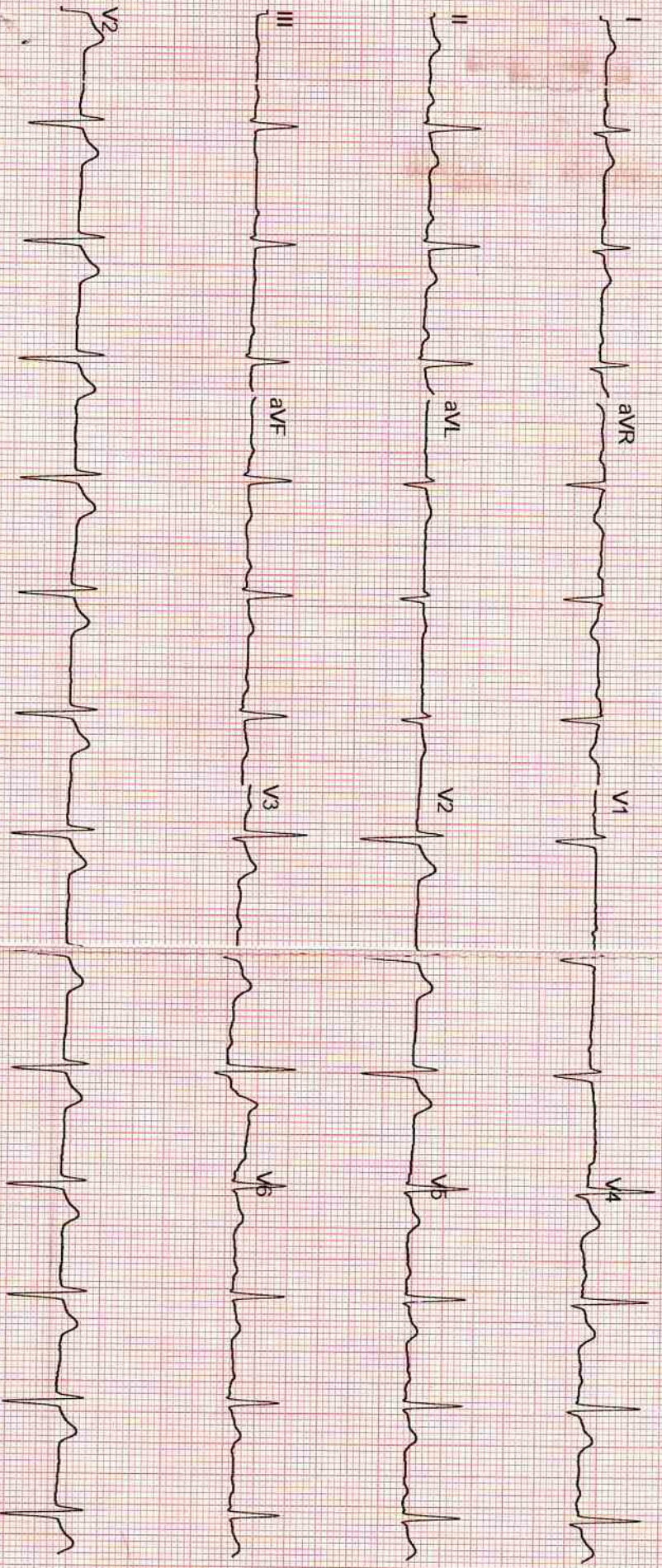
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

80 bpm  
--/-- mmHg

QRS	86 ms
QT/QTcBaz	348 / 401 ms
PR	180 ms
P	84 ms
RR/PP	748 / 750 ms
P/ORS/T	61 / 68 / 44 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV

IDS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1 Unconfirmed

## Laboratory Report

Lab Serial no. : LSHHI278628	Mr. No : 113315
Patient Name : Mr. NITIN NIGAM	Reg. Date & Time : 23-Mar-2024 10:46 AM
Age / Sex : 47 Yrs / M	Sample Receive Date : 23-Mar-2024 11:02 AM
Referred by : Dr. SELF	Result Entry Date : 23-Mar-2024 02:17PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Mar-2024 02:17 PM
OPD : OPD	

### HAEMATOLOGY

	results	unit	reference
<b>CBC / COMPLETE BLOOD COUNT</b>			
HB (Haemoglobin)	14.4	gm/dL	12.0 - 17.0
TLC	5.7	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	57	%	40 - 70
Lymphocyte	35	%	20 - 40
Eosinophil	06	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.83	Thousand / UI	3.8 - 5.10
P.C.V	<b>43.7</b>	million/UI	00 - 40
M.C.V.	90.5	fL	78 - 100
M.C.H.	29.8	pg	27 - 31
M.C.H.C.	33.0	g/dl	32 - 36
Platelet Count	1.52	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



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.	: LSHHI278628	Mr. No	: 113315
Patient Name	: Mr. NITIN NIGAM	Reg. Date & Time	: 23-Mar-2024 10:46 AM
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OPD	: OPD		

### HAEMATOTOLOGY

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

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	10	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	5.1	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	99.67	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.	: LSHHI278628	Mr. No	: 113315
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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 23-Mar-2024 02:17 PM
OPD	: OPD		

### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	24.5	mg/dL	18 - 55
Serum Creatinine	1.25	mg/dl	0.7 - 1.3
Uric Acid	6.7	mg/dl	3.5 - 7.2
Calcium	9.3	mg/dL	8.8 - 10.2
Sodium (Na+)	136.3	mEq/L	135 - 150
Potassium (K+)	4.15	mEq/L	3.5 - 5.0
Chloride (Cl)	107.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.44	mg/dL	7 - 18
PHOSPHORUS-Serum	2.73	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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technician :

Typed By : Mr. BIRJESH

## Laboratory Report

Lab Serial no. : LSHHI278628	Mr. No : 113315
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OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST,Serum</b>			
Bilirubin- Total	0.60	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.19	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.41	mg/dL	0.2 - 1.2
SGOT/AST	31.1	IU/L	00 - 35
SGPT/ALT	27.9	IU/L	00 - 45
Alkaline Phosphate	<b>44.0</b>	U/L	53 - 128
Total Protein	7.50	g/dL	6.4 - 8.3
Serum Albumin	4.79	gm%	3.50 - 5.20
Globulin	2.71	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.77	%	

#### 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

## Laboratory Report

Lab Serial no.	: LSHHI278628	Mr. No	: 113315
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### BIOCHEMISTRY

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

#### LIPID PROFILE, Serum

S. Cholesterol	<b>207.0</b>	mg/dl	< - 200
HDL Cholesterol	41.8	mg/dl	35.3 - 79.5
LDL Cholesterol	122.4	mg/dl	50 - 150
VLDL Cholesterol	<b>42.8</b>	mg/dl	00 - 40
Triglyceride	<b>214.0</b>	mg/dl	00 - 170
Chloestrol/HDL RATIO	<b>5.0</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





Sector-63, Noida, NH-9, Near Hindon Bridge  
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E-mail.: email@sjmhospital.com  
Web.: www.sjmhospital.com

## Laboratory Report

Lab Serial No. : LSHHI278628	Reg. No. : 113315
Patient Name : MR. NITIN NIGAM	Reg. Date & Time : 23-Mar-2024 10:46 AM
Age/Sex : 47 Yrs /M	Sample Collection Date : 23-Mar-2024 11:02 AM
Referred By : SELF	Sample Receiving Date : 23-Mar-2024 11:02 AM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 23-Mar-2024 02:17 PM
OPD/IPD : OPD	

**TEST NAME**

**VALUE**

ABO

“A”

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



Mr. BIRJESH

*Signature*

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

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

3/23/2024

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





# IQ Diagnostics

**IQ Diagnostics**

1<sup>st</sup> Floor, PK-006, Sector 122, NOIDA,  
G.B. Nagar, Uttar Pradesh. Pin code - 201307

+91-8800048080 | support@iqdiagnostics.in | www.iqdiagnostics.in

<b>Visit ID</b> : IQD91158	<b>Registration</b> : 23/Mar/2024 01:46PM
<b>UHID/MR No</b> : IQD.0000089079	<b>Collected</b> : 23/Mar/2024 01:45PM
<b>Patient Name</b> : Mr.NITIN NIGAM	<b>Received</b> : 23/Mar/2024 02:07PM
<b>Age/Gender</b> : 47 Y 0 M 0 D /M	<b>Reported</b> : 23/Mar/2024 06:22PM
<b>Ref Doctor</b> : Dr.SELF	<b>Status</b> : Final Report
<b>Client Name</b> : SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b> : iqd2151
<b>Employee Code</b> :	<b>Barcode No</b> : 240305991



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL</b>				
Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.16	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)



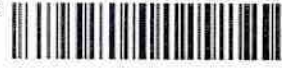
Dr. Prashant Singh  
MBBS, MD (Pathology)

Page 1 of 1

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Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301



Visit ID	: IQD91158	Registration	: 23/Mar/2024 01:46PM
UHID/MR No	: IQD.0000089079	Collected	: 23/Mar/2024 01:45PM
Patient Name	: Mr.NITIN NIGAM	Received	: 23/Mar/2024 02:07PM
Age/Gender	: 47 Y 0 M 0 D / M	Reported	: 23/Mar/2024 03:17PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240305991



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

#### THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.09	ng/ml	0.61-1.81	CLIA
T4	9.76	ug/dl	5.01-12.45	CLIA
TSH	1.958	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



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Dr. Prashant Singh  
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Page 1 of 2



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<b>Age/Gender</b> : 47 Y O M O D /M	<b>Reported</b> : 23/Mar/2024 03:17PM
<b>Ref Doctor</b> : Dr.SELF	<b>Status</b> : Final Report
<b>Client Name</b> : SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b> : iqd2151
<b>Employee Code</b> :	<b>Barcode No</b> : 240305991



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons. (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, 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.

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



Dr. Ankita Singhal  
MBBS, MD (Microbiology)

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Page 2 of 2

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## Ultrasound Report

### Ultrasound - Male Abdomen

Name: Mr. Nitin Nigam      Age: 47y/M      Date: 23/03/2024

**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 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.

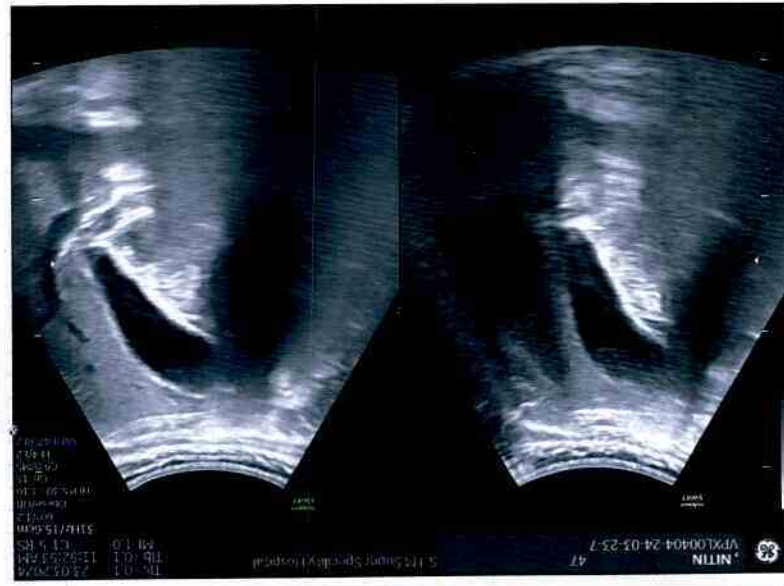
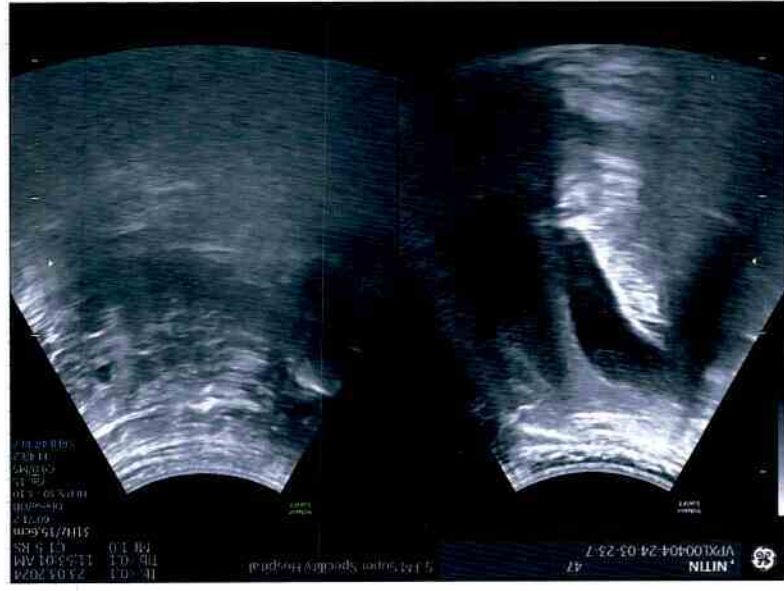
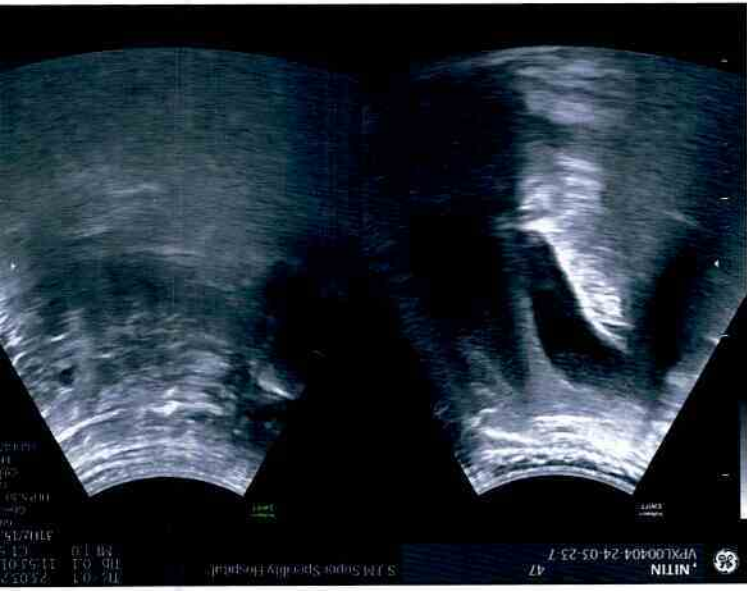
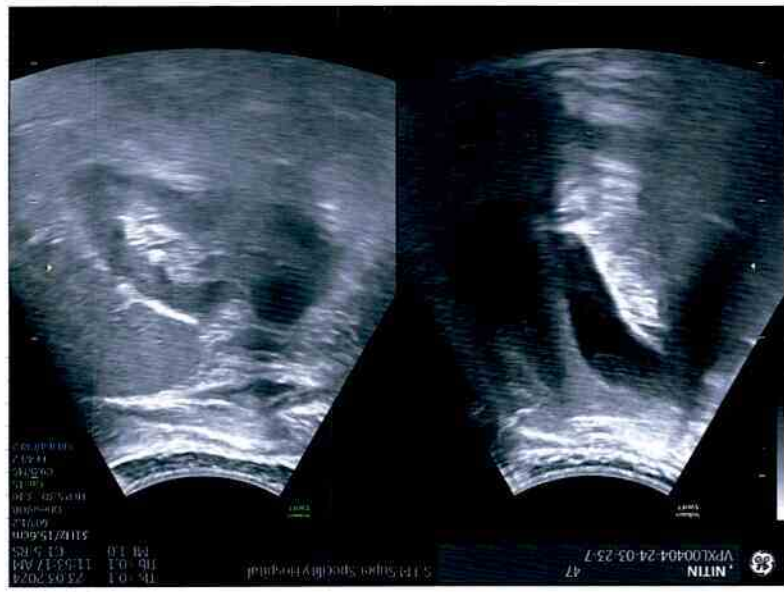
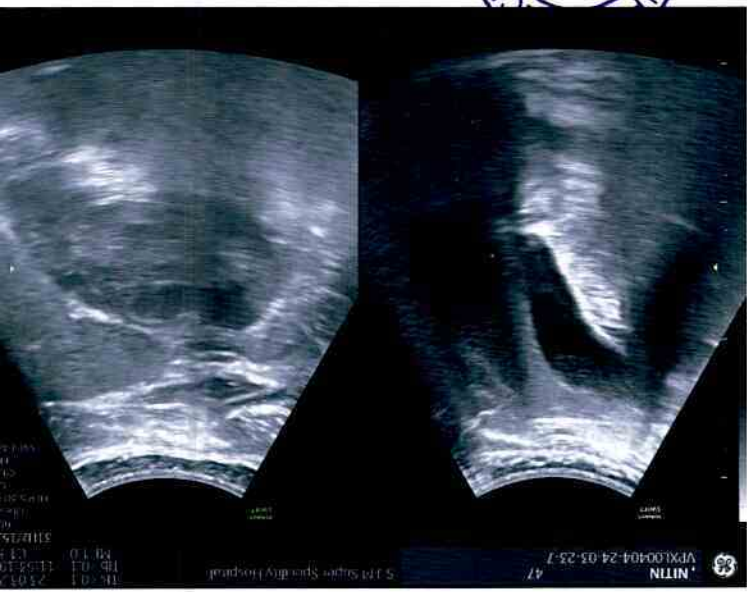
**PROSTATE:** - Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

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

For SJM Super Speciality Hospital  
 DR. RAKESH GUJJAR



DR. PUSHPA KAUL





E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	
Mitral valve = Normal		Tricuspid valve = Normal	
Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity	Max velocity	Max PG	Max PG
Pressure 1/2 time	Mean velocity	Mean PG	Mean PG
Acceleration Time			
RVET		LVET	

Doppler Velocities (cm / sec)

Observed values (cm)	Normal values (mm)
Aortic root diameter	22-36
Aortic valve Opening	15-26
Left Atrium size	19-40
End Diastole (cm)	End Systole (cm)
4.0	2.4
Left Ventricle size	(ED = 39-58)
1.0	(ED = 6-11)
Interventricular Septum	(ED = 6-10)
1.0	55% - 65 %
Posterior Wall thickened	
1.0	
LV Ejection Fraction (%)	
60	

**ECHO WINDOW : FAIR WINDOW**

Name: Mr. Nitin Nigam      Age /sex: 47Yrs/M      Date: 23/03/2024

TRANSTHORASCIC ECHO-DOPPLER REPORT

## Ultrasound Report

(125 Bedded Fully Equipped With Modern Facilities)  
 Sector-63, Noida, NH-09, Near Hindon Bridge  
 Tel.: 0120-6530900 / 10, Mob.: 9599259072

# SJM SUPER SPECIALITY HOSPITAL



Centre for Excellent Patient Care





Centre for Excellent Patient Care

Non-Interventional Cardiologist.

**DR. AMIT KOTHARI**



- 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

Final Interpretation: -

Jet width/ LVOT ratio		Mean PAP	
Severity	NIL	Severity	NIL
Max Velocity	AR	RVSP	PR
Severity		Severity	
MR = NIL		TR = NIL	

Regurgitation: -

## Ultrasound Report

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

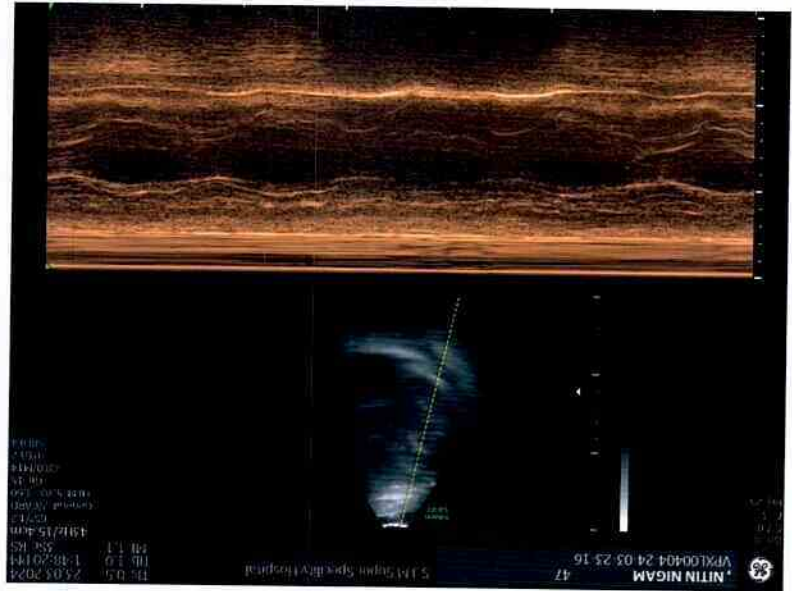
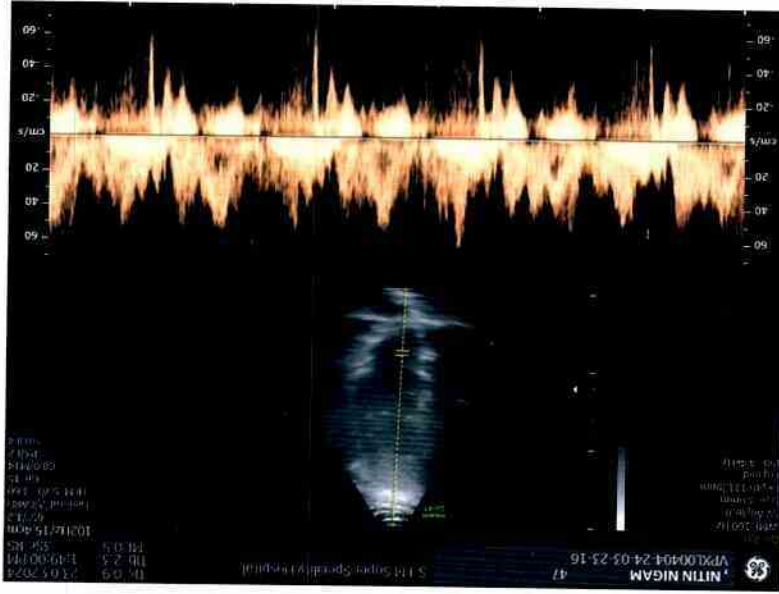
(125 Bedded Fully Equipped With Modern Facilities)

**SJM SUPER SPECIALITY HOSPITAL**



Centre for Excellent Patient Care









23rd Mar 2024  
Dr Pranav Dwivedi  
MBBS, MD  
Regn No: 81277  
Consultant Radiologist

*Pranav Dwivedi*

Centre for Excellent Patient Care



1. The study is within normal limits.

**IMPRESSION:**

The bony thoracic cage and soft tissues are normal.  
The heart shadow is normal.  
The mediastinal and diaphragmatic outlines appear normal.  
The tracheal lucency is centrally placed.  
Both costophrenic angles appear normal.

**FINDINGS:**

Both lung fields are clear.  
Frontal projections of the chest were obtained

**TECHNIQUE:**

None

**COMPARISON:**

**CLINICAL HISTORY:**

**RADIOLOGY REPORT  
EXAM: X RAY CHEST**

PATIENT ID :	26831 OPD	PATIENT NAME :	MR NITIN NIGAM
AGE :	047Y	SEX :	Male
REF. PHY. :		STUDY DATE :	23-Mar-2024

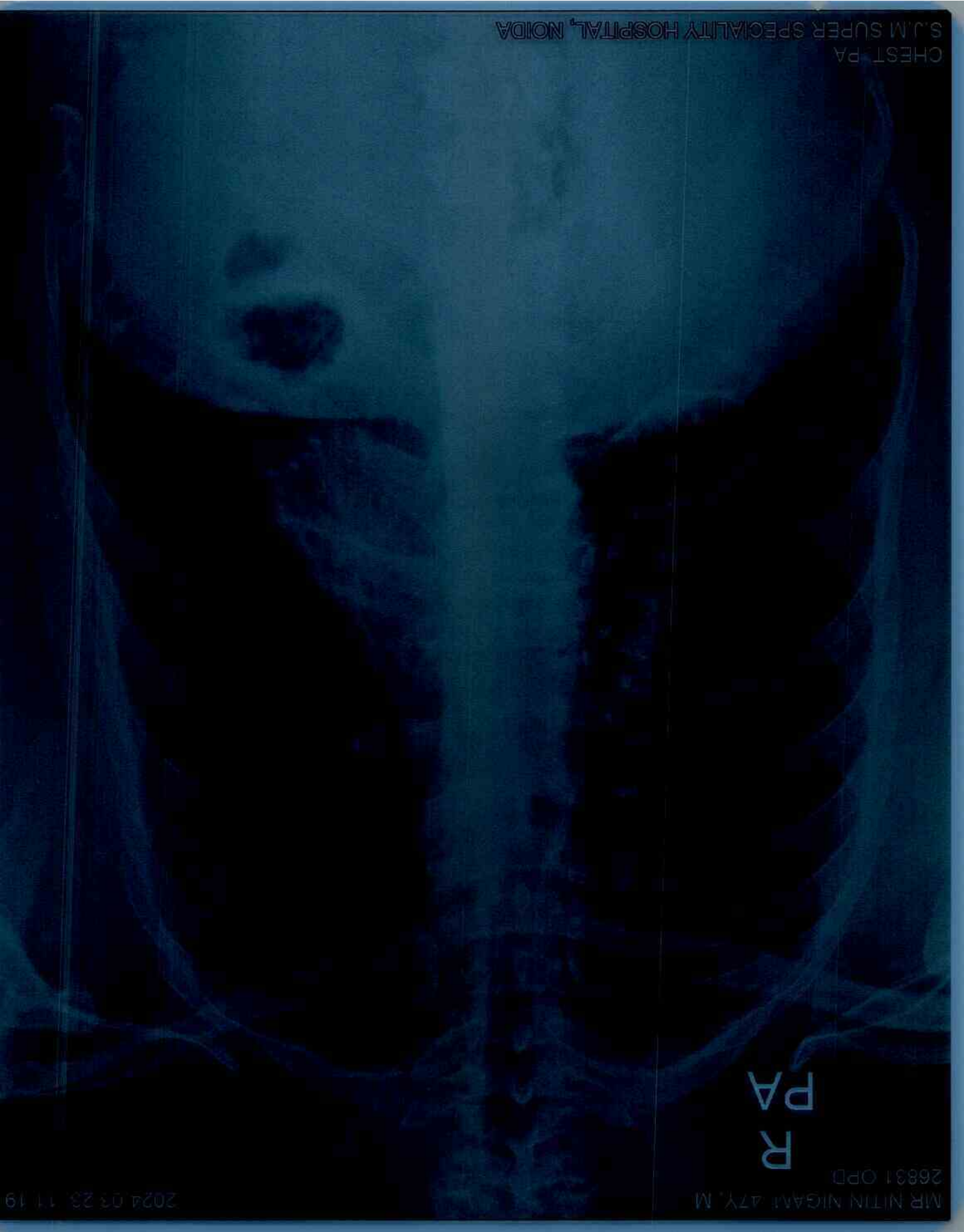
**X-Ray Report**

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