

for medical checkup at
STM hospital, Noida.



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

NAVNEET KUMAR VERMA
NARESH KUMAR VERMA

28/02/1980
Permanent Account Number

AFAPV1740F

Signature

299112506-

9102542291

Handwritten signature

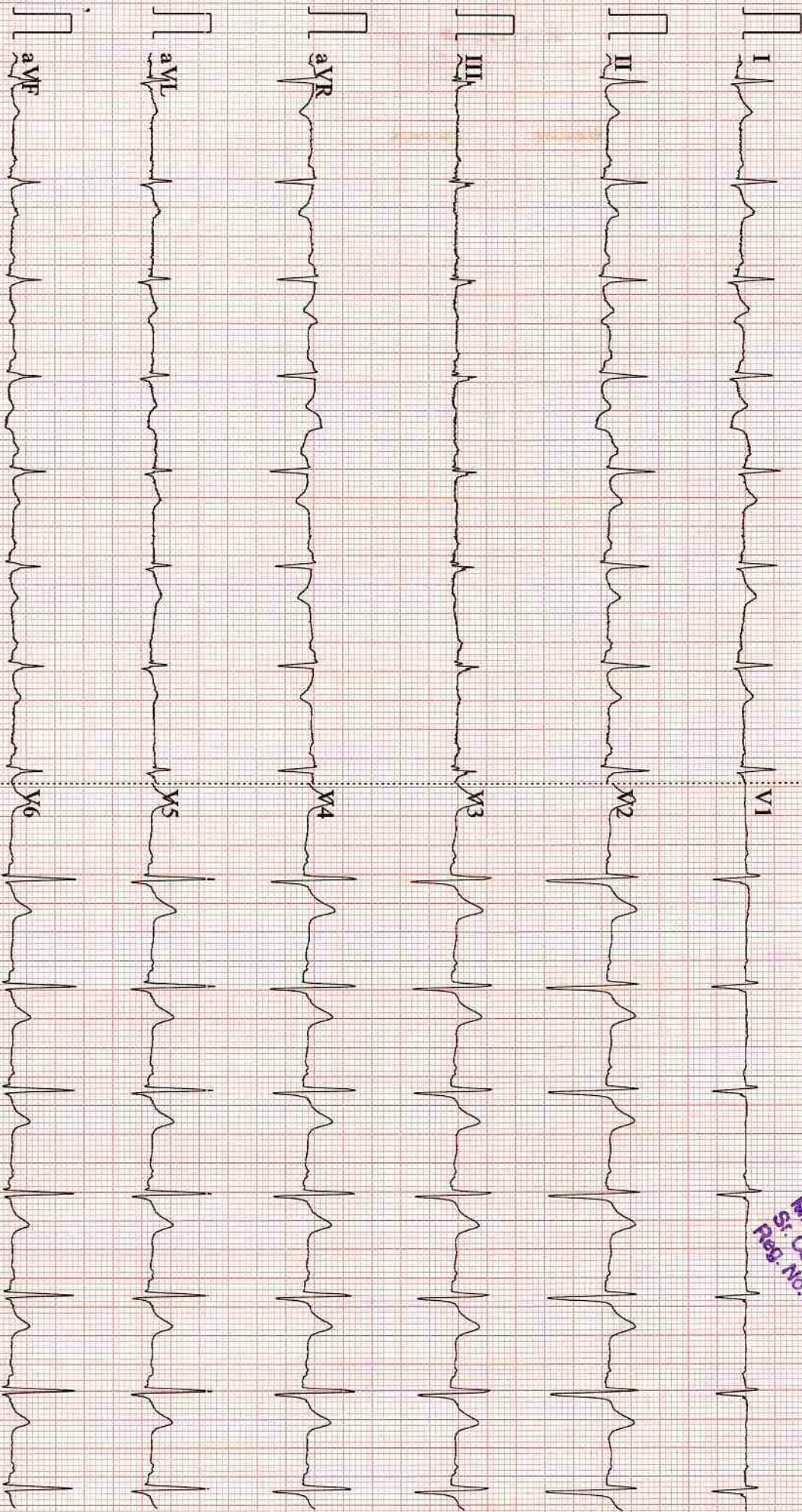
NAVNEET VERMA
Male 42Years

HR	: 86	bpm
P	: 98	ms
PR	: 151	ms
QRS	: 87	ms
QT/QTc	: 326/392	ms
P/QRS/T	: 73/54/38	°
RV5/SVI	: 1.134/0.549	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

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





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)

(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
- 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

Name: Navneet Kumar Verma Age/Sex: 42 - 48 Date: 11-6-22
 B.P.: Temp Pulse
 Height Weight UHID No.
 C/O: bleeding in the eye

WAS 6/9

6/9

Correction um-s. 6/6

6/6

Ⓟ - 0.75 R

Ⓛ - 0.75 Ⓟ



Shy
Refers back

CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panel: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditck (TPA) Serices Ltd., Medi-Assit India TPA P
 Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA P
 Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. I
 West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz
 Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATAA
 Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI
 Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The
 Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (C
 United India Insurance Co Ltd. (Corporate)



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01-06-2022

90 B0B

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Dental Clinic

Computerized pathology lab

Digital X-ray and ultrasound

Physiotherapy facilities

24-Hour Pharmacy

Cafeteria & Kitchen

Mr Navneet Kumar Varma

Physically and mentally fit

1 Bhd
SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D (Medicine)
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CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

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PATIENT SUMMARY REPORT

SJM HOSPITAL AND IVF CENTRE

ID : 114
NAME : NAVNEET KUMAR VERMA
AGE / SEX : 42 / MALE

HEIGHT (cm) : 172
WEIGHT (kg) : 77
PROTOCOL : BRUCE

REF BY : DR. VIJOND BHAT
DONE BY :
TECHNICIAN :

CASE HISTORY : NA
MEDICATION : NA
OBJECT OF TEST : Routine Check Up.
RISK FACTOR : Obese. High Stress Job.
ACTIVITY : Sedentary. Moderate Active.
OTHER INVESTIGATION : X - Ray.
REASON FOR TERMINATION : Max HR. Fatigue.
EXERCISE TOLERANCE : Poor (< 5.1 METS). Moderate (< 10 METS).
EXERCISE INDUCED ARRHYTHMIAS : Yes.
HAEMO RESPONSE : Normal.
CHRONO RESPONSE : Normal.
FINAL IMPRESSION : Stress Test is Negative for Inducible Ischemia.
EXTRA COMMENTS :

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

Confirmed By : _____

Signature

PATIENT ID : 114
 PATIENT NAME : NAVNEET KUMAR VERMA
 PROTOCOL : BRUCE

DR. VIOND BHAT
 Tested On : 11-06-2022, 11:47:50
 BPL DYNATRAC

	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Recovery 1 0.00 kmph - 0.00 % 85 bpm - 130/85 mmhg	(0.94)	(1.26)	(-0.38)	(-0.75)	(0.25)	(0.06)	(0.13)	(2.77)	(2.52)	(2.39)	(1.01)	(0.44)
Recovery 2 0.00 kmph - 0.00 % 0 bpm - 130/85 mmhg	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
Recovery 3 0.00 kmph - 0.00 % 101 bpm - 120/80 mmhg	(0.25)	(0.31)	(-0.13)	(-0.25)	(0.13)	(0.06)	(0.00)	(1.01)	(0.63)	(0.44)	(0.25)	(0.13)
Recovery 4 0.00 kmph - 0.00 % 100 bpm - 120/80 mmhg	(0.38)	(0.44)	(0.06)	(-0.31)	(0.19)	(0.25)	(-0.13)	(0.88)	(0.82)	(0.38)	(0.25)	(0.13)
Recovery 5 0.00 kmph - 0.00 % 102 bpm - 120/80 mmhg	(0.38)	(0.31)	(0.25)	(-0.31)	(0.06)	(0.25)	(0.13)	(0.94)	(0.69)	(0.38)	(0.06)	(0.38)
Recovery 6 0.00 kmph - 0.00 % 101 bpm - 120/80 mmhg	(0.38)	(0.31)	(0.00)	(-0.31)	(0.06)	(0.13)	(-0.13)	(1.07)	(0.75)	(0.38)	(0.25)	(0.13)

114ST-Level(mm)

20 Hz Filter

10mm/mv, 25mm/Sec

PATIENT ID : 114
PATIENT NAME : NAVNEET KUMAR VERMA
PROTOCOL : BRUCE

DR VIOND BHAT
Tested On 11-06-2022, 11:47:50
BPL DYNATRAC

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

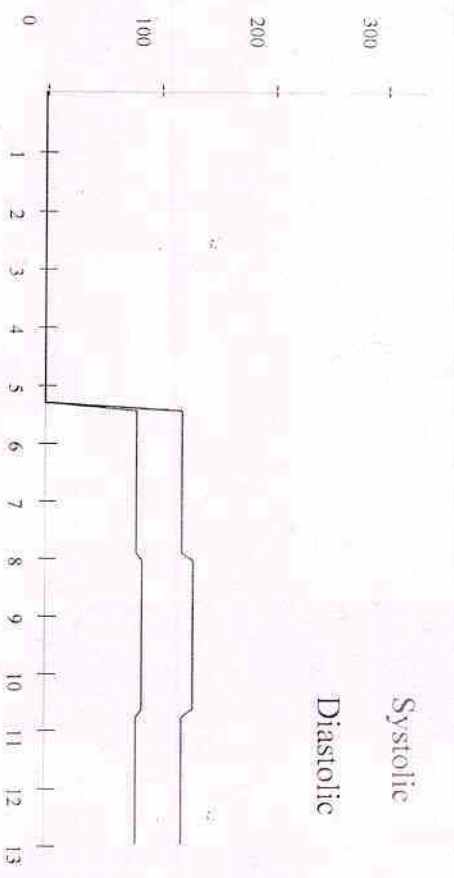
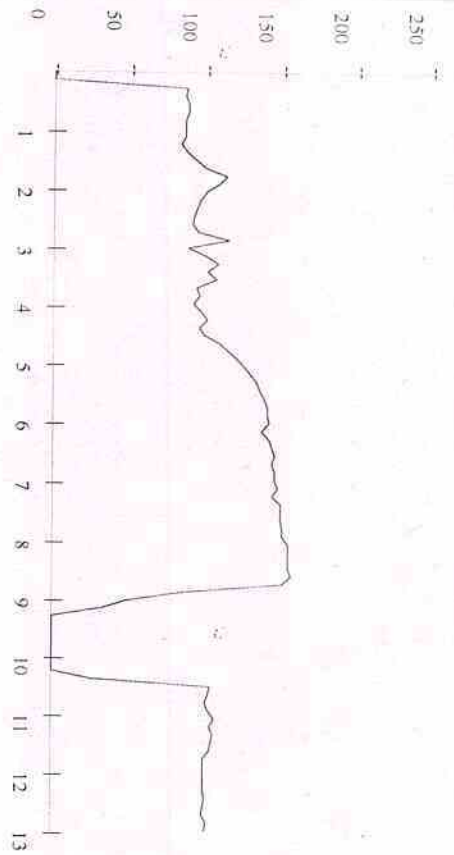
114ST-Level(mm)

20 Hz Filter

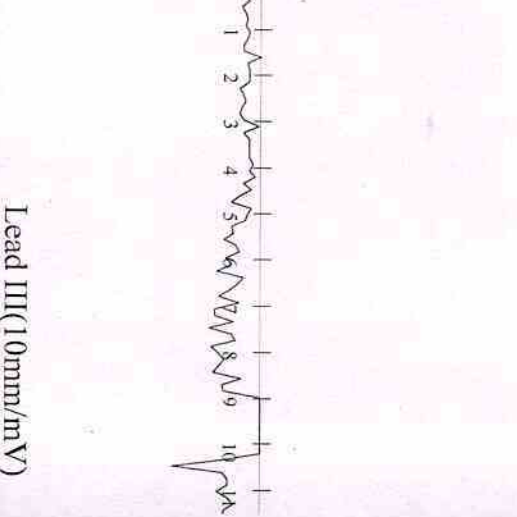
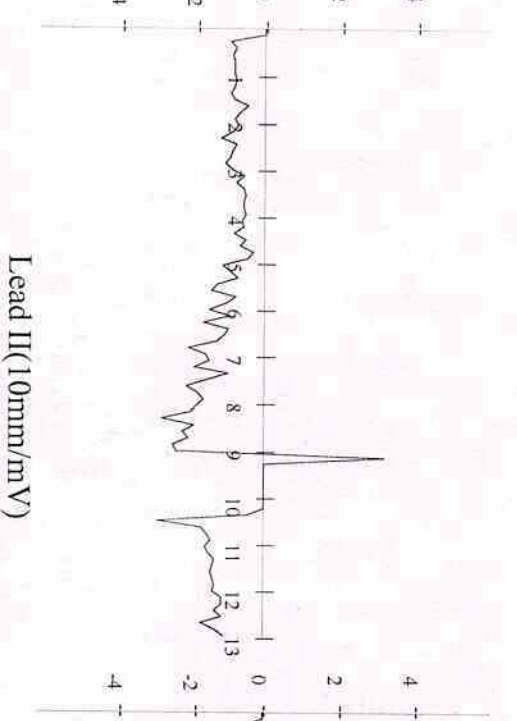
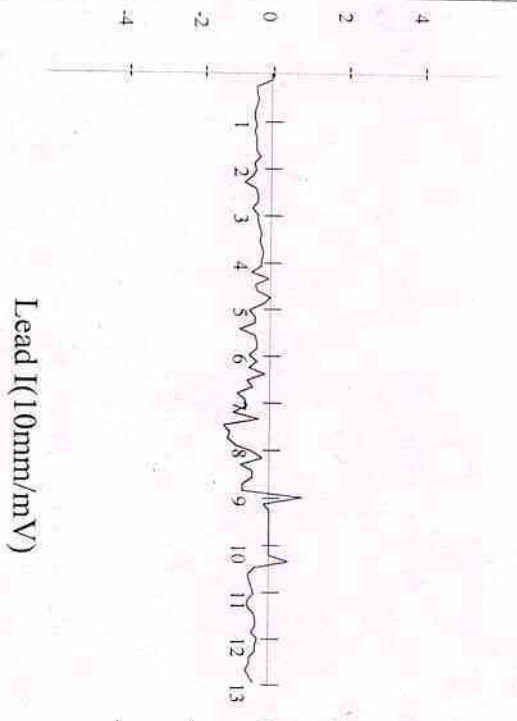
10mm/mv, 25mm/Sec

PATIENT ID : 114
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PROTOCOL : BRUCE

DR. VIOND BHAT
Tested On 11-06-2022, 11:47:50
BPL DYNATRAC



J-Amplitude (mm)



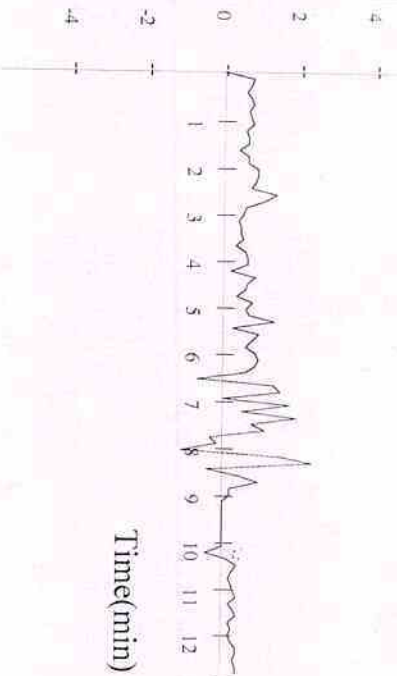
TREND REPORT

SJM HOSPITAL AND ICF CENTRE

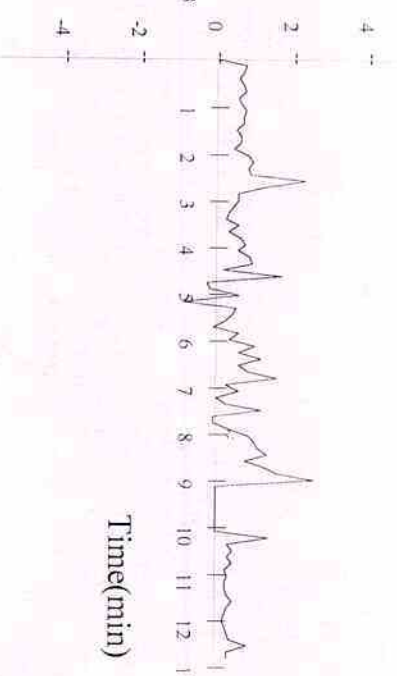
PATIENT ID : 114
PATIENT NAME : NAVNEET KUMAR VERMA
PROTOCOL : BRUCE

DR. VIJOND BHAT
Tested On 11-06-2022, 11:47:50
BPL DYNATRAC

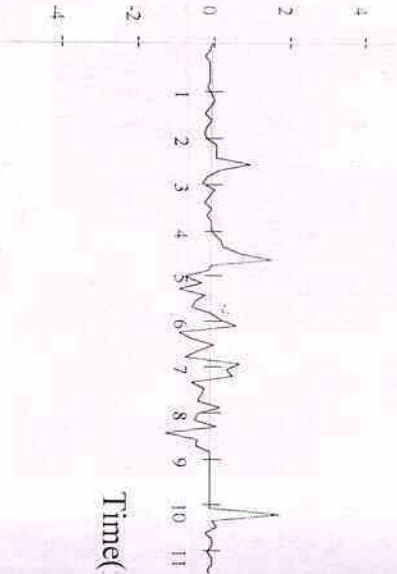
ST - Slope (mV/Sec)



Lead I (10mm/mV)

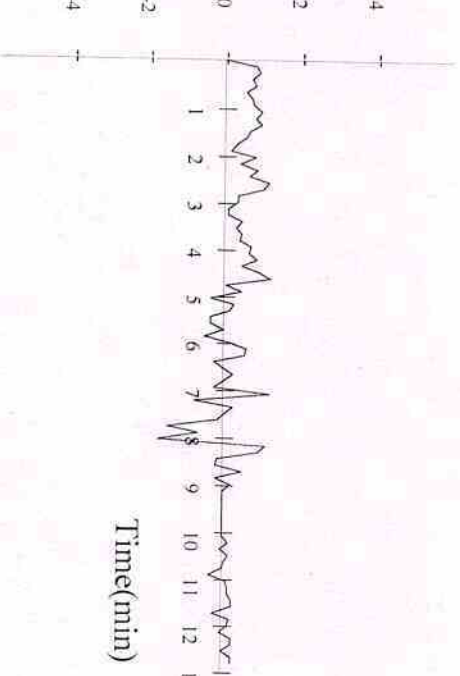


Lead II (10mm/mV)

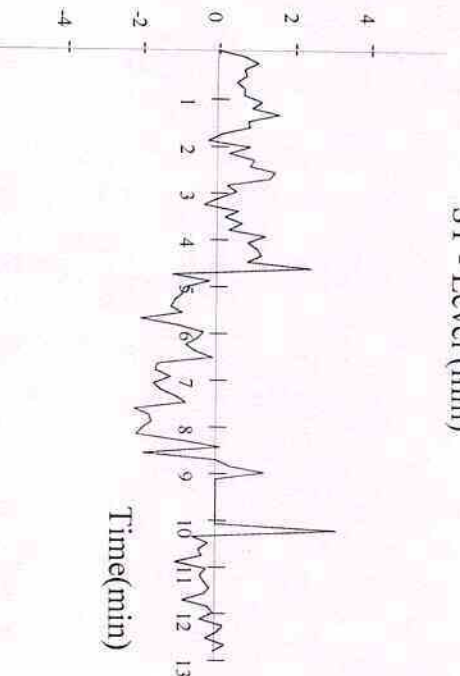


Lead III (10mm/mV)

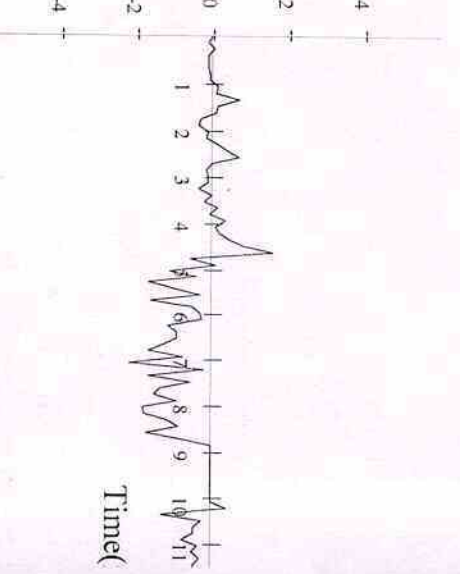
ST - Level (mm)



Lead I (10mm/mV)



Lead II (10mm/mV)



Lead III (10mm/mV)

PATIENT ID : 114
 PATIENT NAME : NAVNEET KUMAR VERMA
 PROTOCOL : BRUCE

DR. VIJOND BHAT
 Tested On 11-06-2022, 11:47:50
 BPL DYNATRAC

ST LEVEL	(mm)											
Stage	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.9	1.1	0.1	-1.0	0.4	0.6	0.1	2.6	2.1	1.4	1.0	0.7
Supine	0.6	0.5	-0.1	-0.5	0.3	0.3	0.2	2.1	1.6	1.1	0.8	0.5
Hyper Ventilation	1.0	1.6	0.7	-1.4	0.1	1.1	-0.1	2.2	2.4	2.2	1.5	1.2
Wait For Exercise	0.4	0.3	-0.1	-0.3	0.2	0.2	0.2	2.1	1.7	1.2	0.8	0.4
Exercise 1	0.3	-1.6	-1.3	0.4	0.3	-1.3	0.1	1.9	0.8	0.5	-0.2	-0.3
Peak Exercise	-1.5	-1.8	-1.5	1.3	0.3	-1.5	0.4	0.6	0.6	-0.6	-1.4	-1.4
Recovery 1	0.5	0.0	-0.8	0.3	0.2	-0.8	0.5	2.7	1.8	1.1	0.1	-0.1
Recovery 2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Recovery 3	0.1	-0.5	-0.5	0.3	0.3	-0.5	0.5	1.4	0.7	-0.1	-0.3	-0.7
Recovery 4	0.3	-0.3	-0.5	0.1	0.3	-0.4	0.3	1.3	1.0	0.1	-0.3	-0.4
Recovery 5	0.3	0.3	0.3	-0.4	0.0	0.3	0.3	1.6	1.3	0.1	0.1	0.1
Recovery 6	0.3	-0.1	-0.1	-0.1	0.2	-0.1	0.2	1.6	0.9	0.3	0.1	0.0

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DR. VIJOND BHAT
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ST SLOPE
 (mV/Sec)

Stage	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.7	0.7	-0.2	-0.7	0.4	0.3	-0.1	1.6	1.1	0.9	0.7	0.5
Supine	0.8	0.8	-0.1	-0.7	0.4	0.4	-0.1	1.6	1.1	0.9	0.7	0.6
Hyper Ventilation	0.6	0.7	-0.1	-0.5	0.4	0.3	0.1	1.5	1.6	1.0	0.6	0.4
Wait For Exercise	0.6	0.6	0.0	-0.6	0.3	0.4	0.1	1.7	1.4	1.0	0.8	0.4
Exercise 1	1.3	0.8	-0.3	-1.1	0.9	-0.4	-0.3	2.1	1.5	0.8	0.5	0.9
Peak Exercise	-0.3	-0.1	-0.3	-0.2	0.7	-0.8	0.7	1.8	1.9	1.7	0.1	-0.1
Recovery 1	0.9	1.3	-0.4	-0.8	0.3	0.1	0.1	2.8	2.5	2.4	1.0	0.4
Recovery 2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Recovery 3	0.3	0.3	-0.1	-0.3	0.1	0.1	0.0	1.0	0.6	0.4	0.3	0.1
Recovery 4	0.4	0.4	0.1	-0.3	0.2	0.3	-0.1	0.9	0.8	0.4	0.3	0.1
Recovery 5	0.4	0.3	0.3	-0.3	0.1	0.3	0.1	0.9	0.7	0.4	0.1	0.4
Recovery 6	0.4	0.3	0.0	-0.3	0.1	0.1	-0.1	1.1	0.8	0.4	0.3	0.1

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Total METS achieved 6.60
 Maximum HR achieved 151 bpm, 84 % of 178 bpm

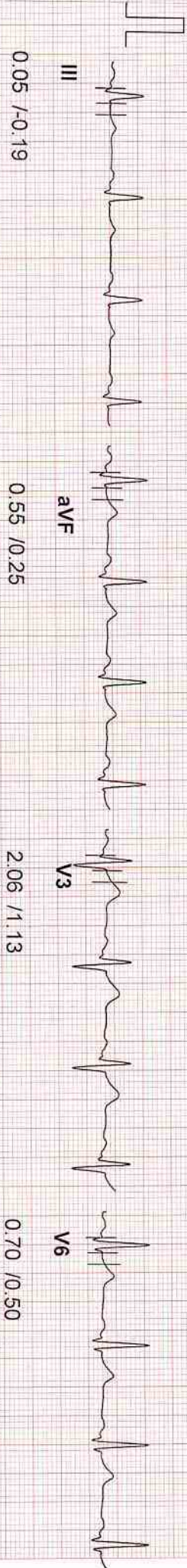
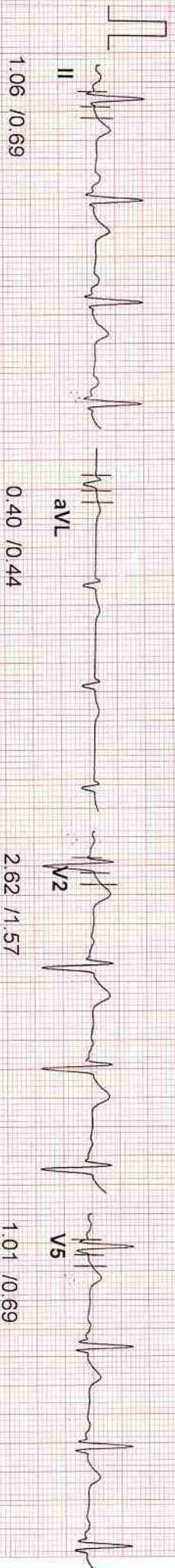
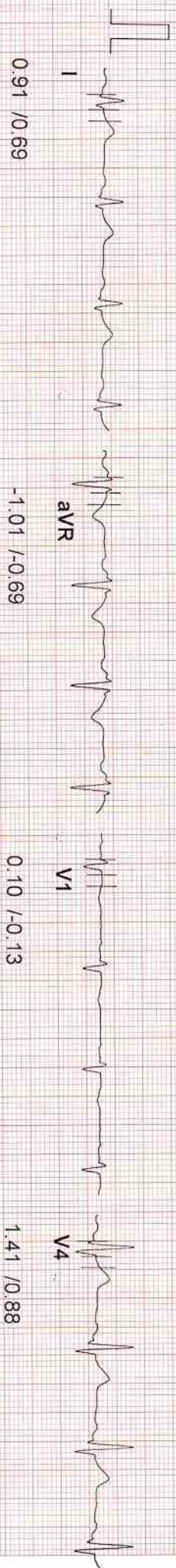
Maximum ST depression (II) -1.76 mm
 Total Exercise time 04:07 (min:sec)

Stage Name	Time (min:sec)	Speed (kmph)	Grade (%)	HR (bpm)	BP (mmHg)	R.P.P	METS	STLevel (II)	Stage Comments
Pre-Test	00:27	0.00	0.00	86	0 / 0	0	0.00	1.06	
Supine	00:23	0.00	0.00	86	0 / 0	0	0.00	0.50	
Hyper Ventilation	00:35	0.00	0.00	93	0 / 0	0	0.00	1.61	
Wait For Exercise	02:23	0.00	0.00	92	0 / 0	0	0.00	0.30	
Exercise 1	02:56	2.70	10.00	146	120 / 80	17520	5.10	-1.56	
Peak Exercise	01:03	4.00	12.00	151	120 / 80	18120	6.60	-1.76	
Recovery 1	00:55	0.00	0.00	85	130 / 85	11050	0.00	0.00	
Recovery 2	01:54	0.00	0.00	0	130 / 85	0	0.00	0.00	
Recovery 3	02:52	0.00	0.00	101	120 / 80	12120	0.00	-0.45	
Recovery 4	03:51	0.00	0.00	100	120 / 80	12000	0.00	-0.30	
Recovery 5	04:58	0.00	0.00	102	120 / 80	12240	0.00	0.25	
Recovery 6	05:06	0.00	0.00	101	120 / 80	12120	0.00	-0.05	

ID : 114
 NAME : NAVNEET KUMAR VERMA
 AGE : 42
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Pre-Test
 RECORDED TIME : 00:30 (min:sec)
 STAGE DURATION : 00:30 (min:sec)
 HR : 90 bpm (50%)
 METS : 0.00

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 DR. VIOND BHAT
 Tested On 11-06-2022, 11
 BPL DYNATRAC



114

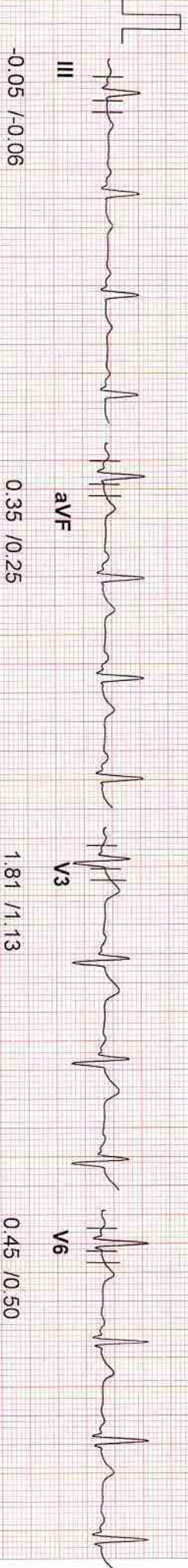
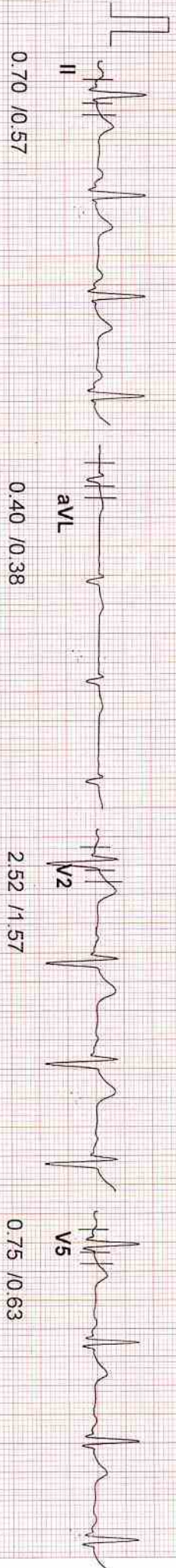
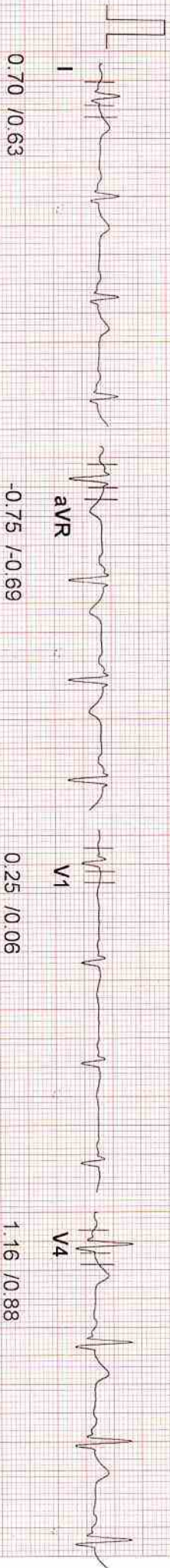
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 114
 NAME : NAVNEET KUMAR VERMA
 AGE : 42
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Supine
 RECORDED TIME : 01:00 (min:sec)
 STAGE DURATION : 00:30 (min:sec)
 HR : 86 bpm (48%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00
 DR. VIOND BHAT
 Tested On 11-06-2022, 11
 BPL DYNATRAC



114

20 Hz Filter

10mm/mV, 25mm/Sec

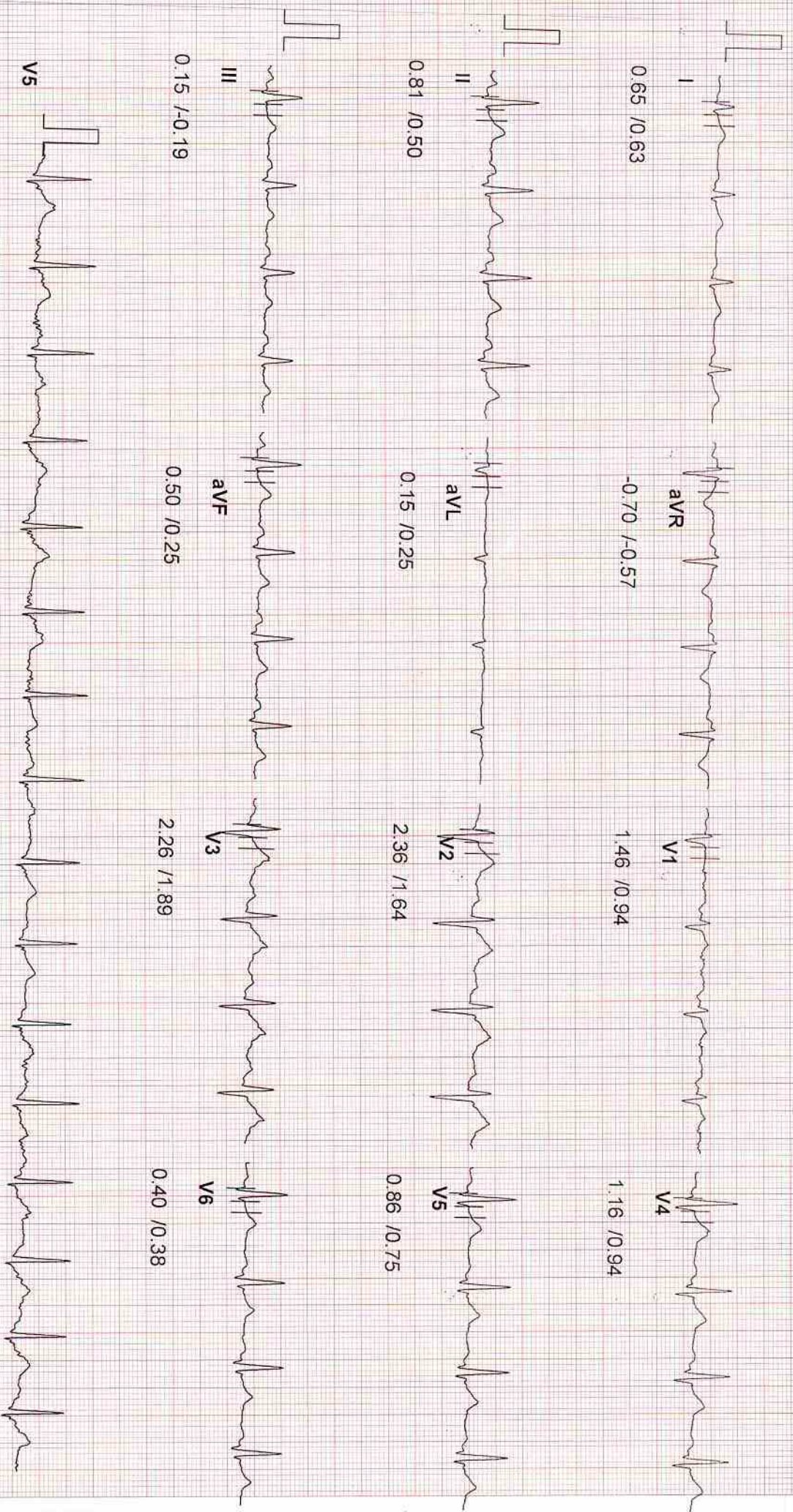
ID : 114
 NAME : NAVNEET KUMAR VERMA
 AGE : 42
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE :
 RECORDED TIME :
 STAGE DURATION :

Hyper Ventilation
 01:42 (min:sec)
 00:42 (min:sec)
 98 bpm (55%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIOND BHAT
 Tested On 11-06-2022, 11
 BPL DYNATRAC



114

20 Hz Filter

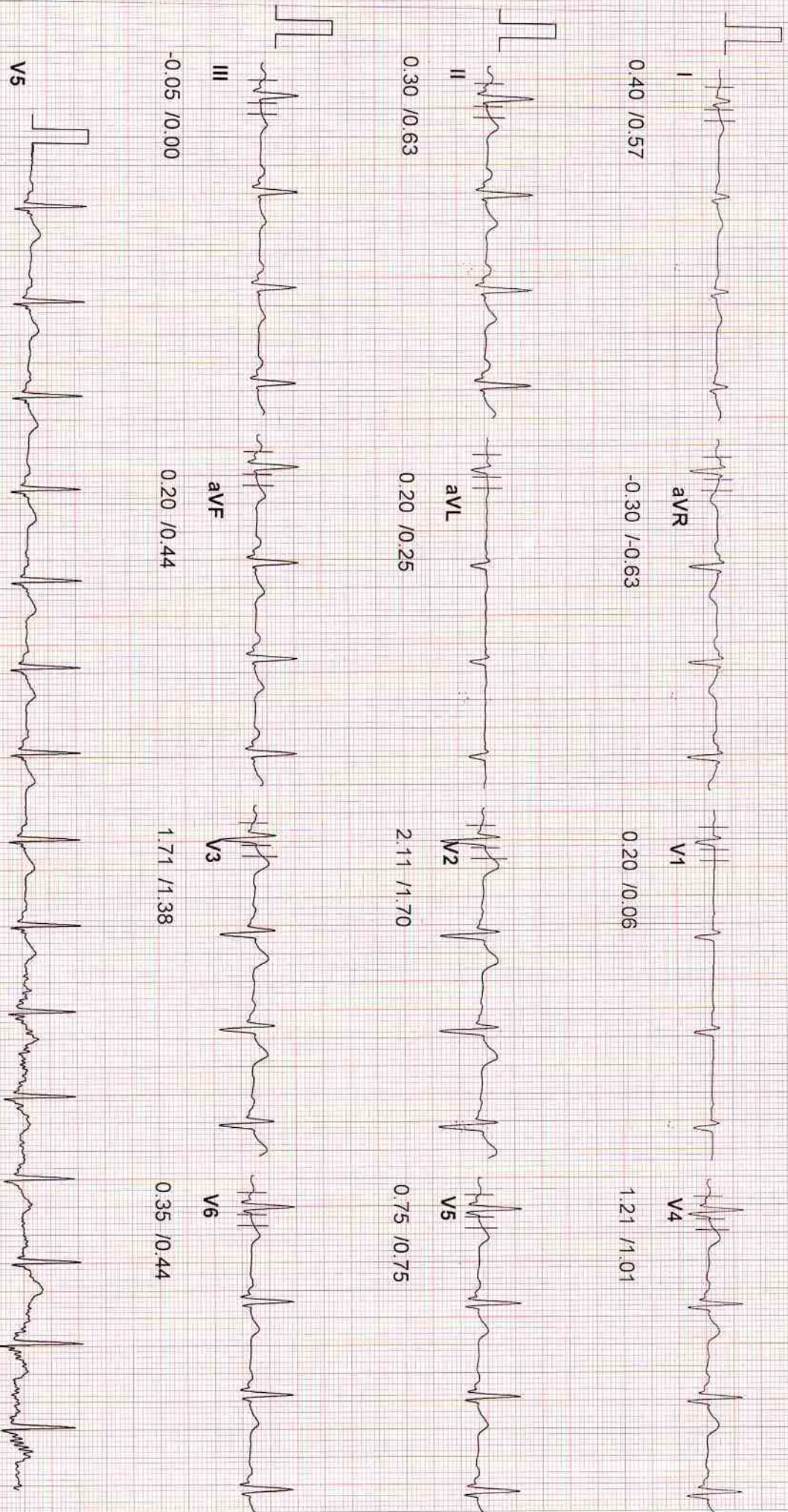
10mm/mV, 25mm/Sec

ID : 114
 NAME : NAVNEET KUMAR VERMA
 AGE : 42
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Wait For Exercise
 RECORDED TIME : 04:05 (min:sec)
 STAGE DURATION : 02:23 (min:sec)
 HR : 93 bpm (52%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

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20 Hz Filter

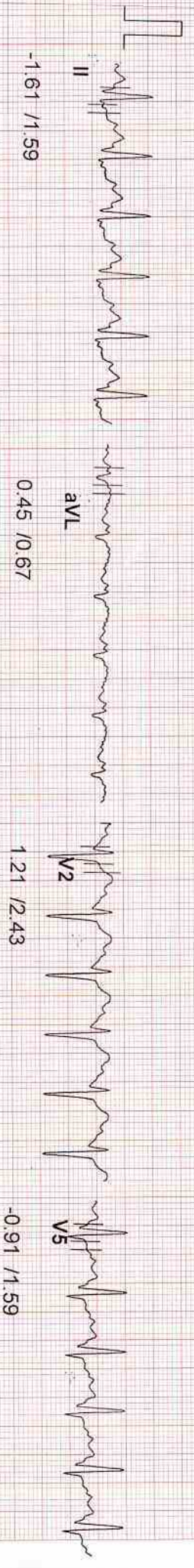
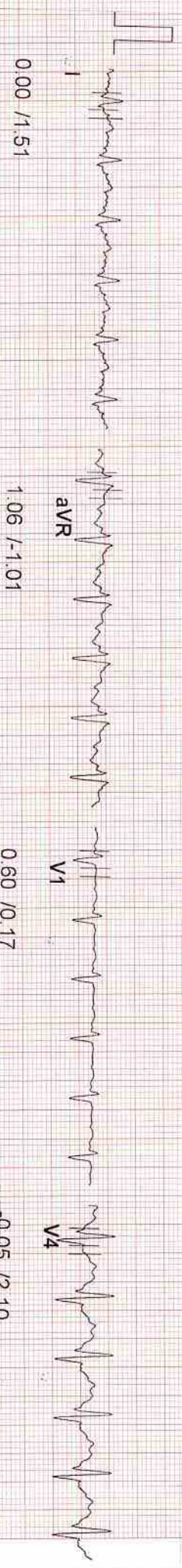
10mm/mV, 25mm/Sec

ID : 114
 NAME : NAVNEET KUMAR VERMA
 AGE : 42
 BP : 120/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise1
 RECORDED TIME : 03:00 (min:sec)
 STAGE DURATION : 03:00 (min:sec)
 HR : 146 bpm (82 %)

PROTOCOL : BRUCE
 SPEED : 2.7 kmph
 GRADE : 10.00 %
 METS : 5.10

DR: VIOND BHAT
 Tested On 11-06-2022, 11
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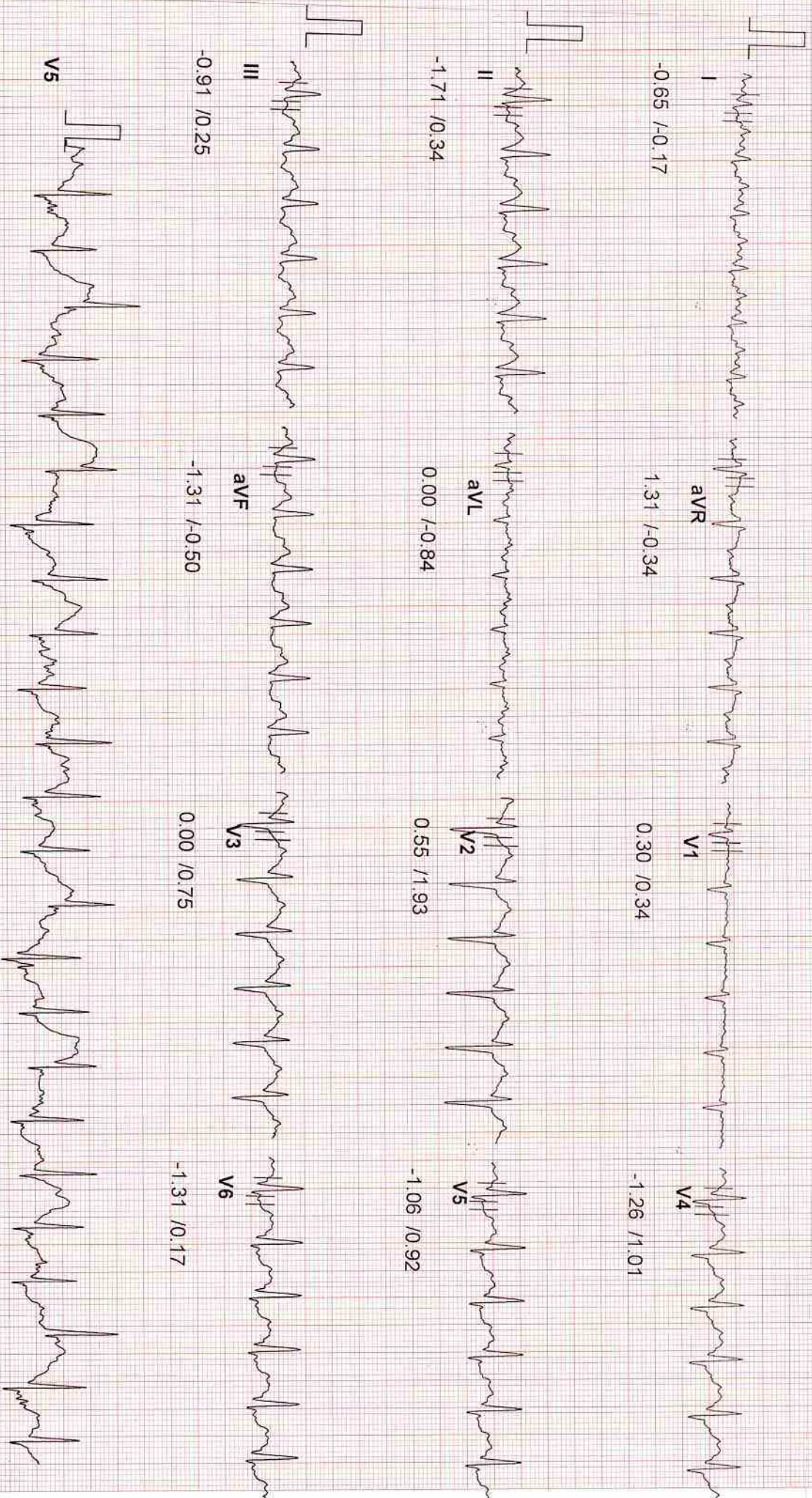
10mm/mV, 25mm/Sec

ID : 114
 NAME : NAVNEET KUMAR VERMA
 AGE : 42
 BP : 130/85 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE :
 RECORDED TIME : 04:07 (min:sec)
 STAGE DURATION : 01:07 (min:sec)
 HR : 155 bpm (87%)

PROTOCOL : BRUCE
 SPEED : 4.0 kmph
 GRADE : 12.00 %
 METS : 6.60

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20 Hz Filter

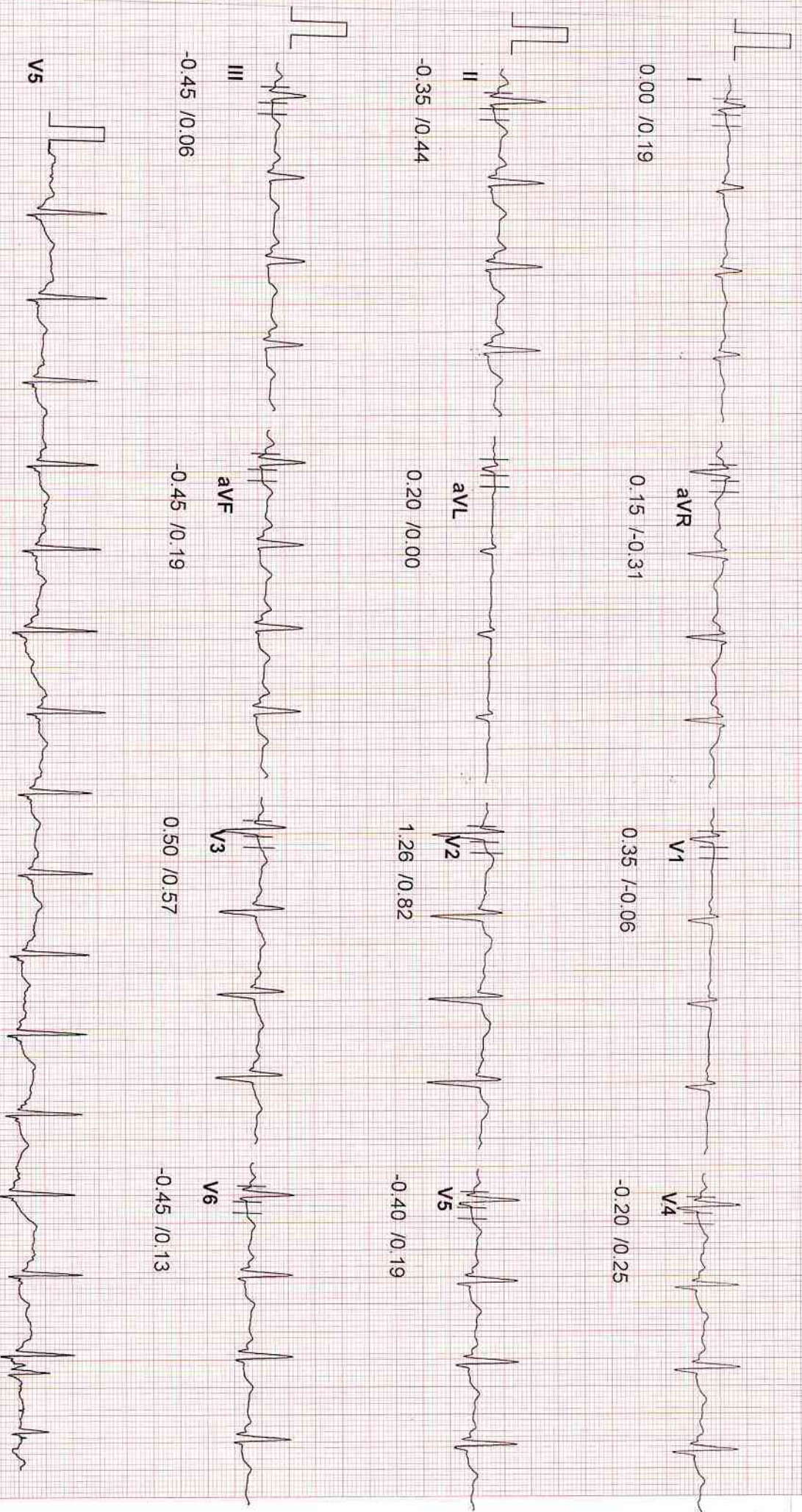
10mm/mV, 25mm/Sec

ID : 114
NAME : NAVNEET KUMAR VERMA
AGE : 42
BP : 120/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Recovery 3
RECORDED TIME : 02:59 (min:sec)
STAGE DURATION : 02:59 (min:sec)
HR : 101 bpm (56 %)

PROTOCOL : BRUCE
SPEED : 0.0 kmph
GRADE : 0.00 %
METS : 0.00

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20 Hz Filter

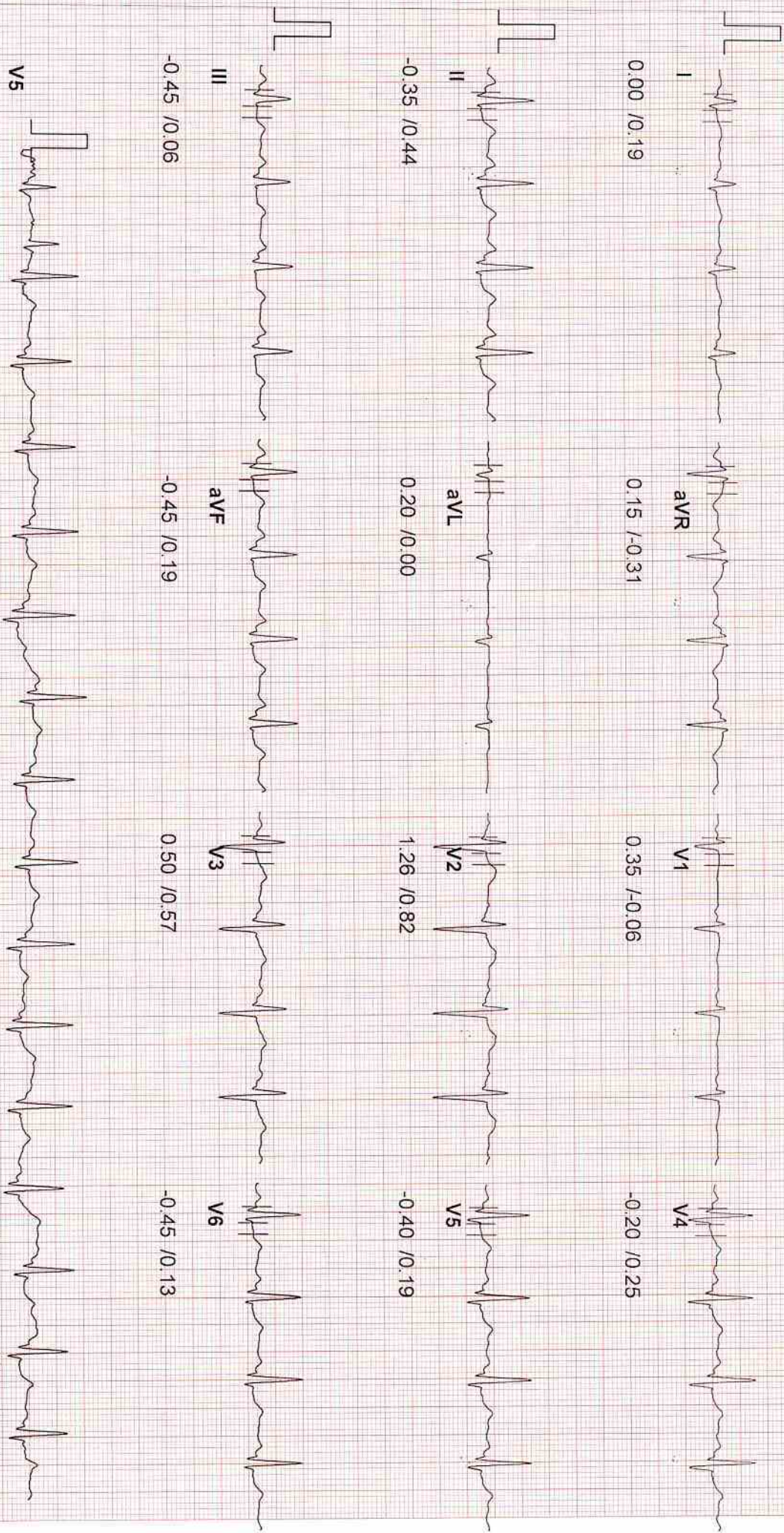
10mm/mV, 25mm/Sec

ID : 114
 NAME : NAVNEET KUMAR VERMA
 Age : 42
 BP : 120/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Recovery 4
 RECORDED TIME : 02:59 (min:sec)
 STAGE DURATION : 02:59 (min:sec)
 HR : 102 bpm (57 %)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIJOND BHAT
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20 Hz Filter

10mm/mV, 25mm/Sec



SJM SUPER SPECIALITY HOSPITAL, IVF & TRAUMA CENTRE

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Ultrasound Report

Name: Mr. Navneet kumar Verma

Age:42yrs/Male

Date: 11/06/2022

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 echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEYS:-Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal concretions on both sides.

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.

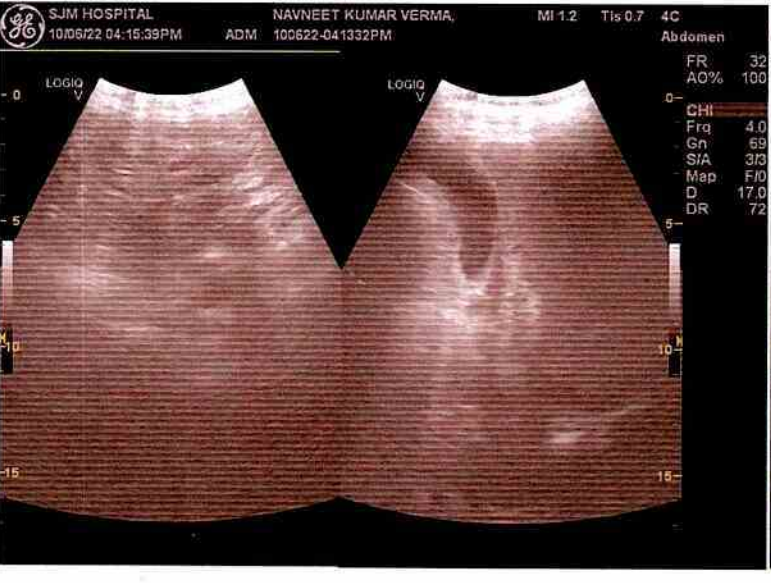
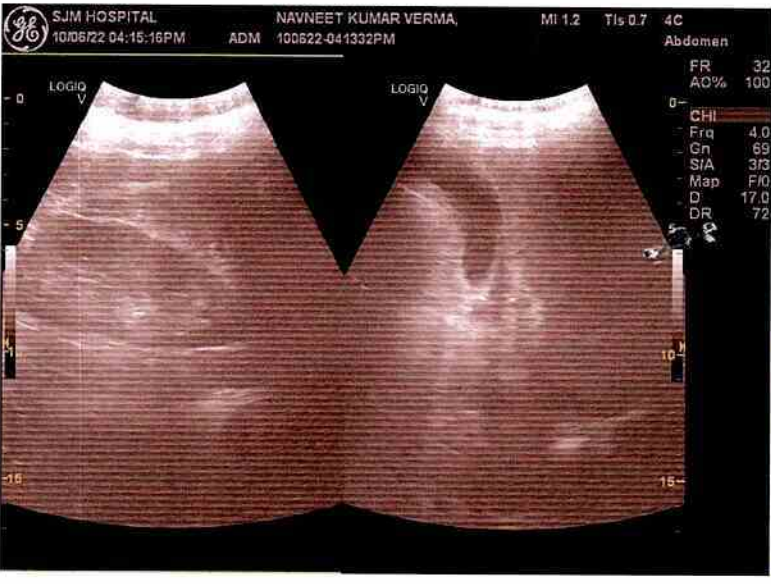
IMPRESSION: - Normal Scan.

DR. PUSHPA KAUL



For SJM Super Specialty Hospital

DR. P.K GUPTA



X-Ray Report

Patient ID.	19092(OPD)	Name	NAVNEET KUMAR VERMA	Sex/Age	M/42 YR.Y
Date	11-06-2022 12:52 PM	Ref. Physician	DR. VINOD BHAT	Chest, CHEST	

X-RAY CHEST PA VIEW

OBSERVATION:

The lung fields are clear.
Both hila are normal.
Cardiophrenic and costophrenic angles are normal.
The trachea is central.
The mediastinal and cardiac silhouette are normal.
Cardiothoracic ratio is normal.
Bones of the thoracic cage are normal.
Soft tissues of the chest wall are normal.

IMPRESSION:

- No significant abnormality seen.



Dr. SANTOSH BHARAT RATHOD
MBBS, DNB
CONSULTANT RADIOLOGIST

Centre for Excellent Patient Care



Laboratory Report

Lab Serial no. : LSHHI221531	Mr. No : 92158
Patient Name : Mr. NAVNEET KUMAR VERMA	Reg. Date & Time : 11-Jun-2022 04:40 AM
Age / Sex : 42 Yrs / M	Sample Receive Date : 11-Jun-2022 04:51 PM
Referred by : Dr. SELF	Result Entry Date : 11-Jun-2022 07:41PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 11-Jun-2022 07:41 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	14.6	gm/dl	12.5 - 16.0
TLC	6.1	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	55	%	40 - 70
Lymphocyte	33	%	20 - 40
Eosinophil	10	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.18	Thousand / UI	3.8 - 5.10
P.C.V	44.9	million/UI	00 - 40
M.C.V.	86.7	fL	78 - 100
M.C.H.	28.2	pg	27 - 31
M.C.H.C.	32.5	g/dl	32 - 36
Platelet Count	0.98	Lacs/cumm	1.5 - 4.5

Comments:

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

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Pathologist & Microbiologist

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HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	07	mm/1hr	00 - 20

NOTE:-

An erythrocyte sedimentation rate test (ESR) detects inflammation that may be caused by infection and some autoimmune diseases.

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP), Serum			
SUGAR PP	110.4	mg/dl	80 - 140
BLOOD SUGAR F, Sodium Fluoride P/a			
Blood Sugar (F)	153.0	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.

technician :

Typed By : Mr. BIRJESH



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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	25.7	mg/dL	18 - 55
Serum Creatinine	0.89	mg/dl	0.7 - 1.3
Uric Acid	6.2	mg/dl	3.5 - 7.2
Calcium	9.7	mg/dL	8.8 - 10.2
Sodium (Na+)	142.8	mEq/L	135 - 150
Potassium (K+)	4.17	mEq/L	3.5 - 5.0
Chloride (Cl)	106.4	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	12.01	mg/dL	7 - 18
PHOSPHORUS-Serum	2.41	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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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	121.0	mg/dl	< - 200
HDL Cholesterol	32.0	mg/dl	35.3 - 79.5
LDL Cholesterol	58.9	mg/dl	50 - 150
VLDL Cholesterol	30.1	mg/dl	00 - 40
Triglyceride	150.3	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.8	%	

Comment:

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.

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST,Serum			
Bilirubin- Total	0.64	mg/dL	00 - 2.0
Bilirubin- Direct	0.35	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.29	mg/dL	0.2 - 1.2
SGOT/AST	23.9	IU/L	00 - 35
SGPT/ALT	19.7	IU/L	00 - 45
Alkaline Phosphate	198.0	U/L	53 - 128
Total Protein	7.35	g/dL	6.4 - 8.3
Serum Albumin	4.24	gm%	3.50 - 5.20
Globulin	3.11	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.36	%	

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.

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OPD/IPD	: OPD		:

URINE SUGAR (Fasting)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PP)

CHEMICAL EXAMINATION

Glucose : Nil

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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 and RH negative.

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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

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


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Consultant Pathologist
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11-06-2022
Dr. Bupinder Zutshi
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DIAGNOSTICS

Patient Name : Mr. NAVNEET KUMAR VERMA	Registration No
Age/Sex : 42 Y/Male	Registered : 11/Jun/2022
Patient ID : 012206110061	Collection : 11/Jun/2022 02:40PM
Barcode : 10092109	Received : 11/Jun/2022 03:15PM
Ref. By : Self	Reported : 11/Jun/2022 05:04PM
SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
-----------	-------	------	------------------

HbA1C(Glycosylated Hemoglobin):EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA <small>Particle enhanced immunoturbidimetric</small>	6.10	%	
Average Glucose <small>Calculated</small>	128.37	mg/dL	<125.0

Interpretation:
AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC ADULTS >=18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES.	>= 6.5
THERAPEUTIC GOALS FOR GLYCEMIC CONTROL	AGE > 19 YEARS GOAL OF THERAPY: <7.0 ACTION SUGGESTED: > 8.0 AGE <19 YEARS GOAL OF THERAPY: <7.5

Comment :
Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.
ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In

Jhatia
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY

Priyanka
Dr. Priyanka Rana
MD Pathology



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360 Diagnostics & Health Services Pvt. Ltd.

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E-mail: admin@360healthservices.com | Website : www.360healthservice.com





DIAGNOSTICS

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SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0% may not be appropriate.			
4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications			
5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.			
6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemc control.			
7.Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.			

*** End Of Report ***

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 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka
Dr. Priyanka Rana
 MD Pathology



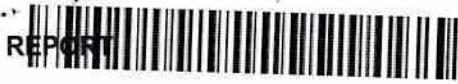
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 E-mail: admin@360healthservices.com | Website : www360healthservice.com





DIAGNOSTICS

Patient Name : Mr. NAVNEET KUMAR VERMA	Registration No
Age/Sex : 42 Y/Male	Registered : 11/Jun/2022
Patient ID : 012206110061	Collection : 11/Jun/2022 02:40PM
Barcode : 10092109	Received : 11/Jun/2022 03:15PM
Ref. By : Self	Reported : 11/Jun/2022 04:11PM
SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE.(TFT)SERUM			
T3 ,Serum	115.00	ng/dl	69-215
T4 ,Serum ECLIA	8.80	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	3.2	uIU/mL	0.3-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within range	Within Range	Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability.
			Subclinical Autoimmune Hypothyroidism
			Intermittent T4 therapy for hypothyroidism
			Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, post radioiodine
			Hypothyroid phase of transient thyroiditis"
			Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics

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360 Diagnostics & Health Services Pvt. Ltd.

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E-mail: admin@360healthservices.com | Website : www.360healthservice.com



DIAGNOSTICS

Patient Name : Mr. NAVNEET KUMAR VERMA	Registration No
Age/Sex : 42 Y/Male	Registered : 11/Jun/2022
Patient ID : 012206110061	Collection : 11/Jun/2022 02:40PM
Barcode : 10092109	Received : 11/Jun/2022 03:15PM
Ref. By : Self	Reported : 11/Jun/2022 04:11PM
SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or	Raised	Within range	T3 toxicosis
Within range			Non-Thyroidal illness

TSH(µIU/ml) for pregnant females (As per American Thyroid Association)

First Trimester	0.10-2.5
Second Trimester	0.20-3.00
Third Trimester	0.30-3.00

*** End Of Report ***

Jhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka
Dr. Priyanka Rana
 MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

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Patient Name : Mr. NAVNEET KUMAR VERMA	Registration No
Age/Sex : 42 Y/Male	Registered : 11/Jun/2022
Patient ID : 012206110061	Collection : 11/Jun/2022 05:49PM
Barcode : 10092109	Received : 11/Jun/2022 05:49PM
Ref. By : Self	Reported : 11/Jun/2022 09:38PM
SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
PSA TOTAL ,Serum ECLIA	0.40	ng/mL	0.0 - 5.5

Interpretation:

The major site of PSA production is the glandular epithelium of the prostate. Low levels of PSA are found in the blood as a result of leakage of PSA from the prostate gland. Increasing levels of serum PSA are associated with prostatic pathology, including prostatitis, benign prostatic hyperplasia (BPH), and cancer of the prostate. Early diagnosis of carcinoma of the prostate is hindered by the lack of symptoms in man with localized tumors therefore, early detection requires a simple, safe and inexpensive test for the disease in asymptomatic men. Several studies have shown that the measurement of serum PSA concentration offers several advantages in the early detection of prostate cancer.

Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer. Elevated concentration of PSA may be observed in the serum of patients with benign prostatic hyperplasia or other nonmalignant disorders as well as in prostate cancer. The PSA value should be used in conjunction with information available from clinical evaluation and other diagnostic procedures such as DRE. Some early cases of prostate cancer will not be detected by PSA testing ;the same is true for DRE. Prostatic biopsy is required for the diagnosis of cancer

*** End Of Report ***

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MD Pathology
Director

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