


भारत सरकार
Government of India



रवीश कुमार
Ravish Kumar


जन्म तिथि / DOB : 13/11/1984
पुरुष / Male




5703 0078 2493

आधार - आम आदमी का अधिकार

W-7112y
H-176cm
P-63
S-98"
P-120/80

80760-79260

17/3/24


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

<p>पता: S/O: लीला धर गम्भीर, घर/निर्माण: #627-ए, स्थान चिह्न: गणेश मंदिर के पास, स्थान: पंजाबी मोहल्ला, गांव/कस्बा/शहर: बाबयान, जिला: अंबाला, पोस्ट ऑफिस: बन्याल, राज्य: हरियाणा, पिन कोड: 133005</p>	<p>Address: S/O: Leela Dhar Gambhir, House/Block/Apt.: #627-A, Landmark: Near Ganesh Mandir, Area/Locality/Sector: Punjabi Mohalla, Village/Town/City: Babyal, District: Ambala, P.O.: Babyal, State: Haryana, PinCode: 133005</p>
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5703 0078 2493

 1800 300 1947

 help@uidai.gov.in

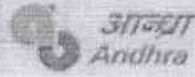
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यूनियन बैंक
of India



Union Bank
of India



नाम : रवीश कुमार

Name : Ravish Kumar

कर्मचारी क्र./ Employee No. : 719785

जन्म तिथि/ Birth Date : 13-11-1984

रक्त ग्रुप/ Blood Group : O+ve

हस्ताक्षर / Signature

जारी करने का स्थान : क्षेत्रीय कार्यालय दिल्ली (मध्य)
Place of Issue : Ro Delhi (Central)

जारी करने की तारीख : १९/अगस्त/२०२०
Date of Issue : 19-08-2020

जारीकर्ता प्राधिकारी / Issuing Authority



Mr. Ravish Kumar
ID: 13111984

Visit: self
39 Years

Male

QRS : 72 ms
QT / QTcBaz : 416 / 408 ms
PR : 174 ms
P : 104 ms
RR / PP : 1032 / 1034 ms
P / QRS / T : 26 / 19 / 37 degrees

Sinus bradycardia
Otherwise normal ECG

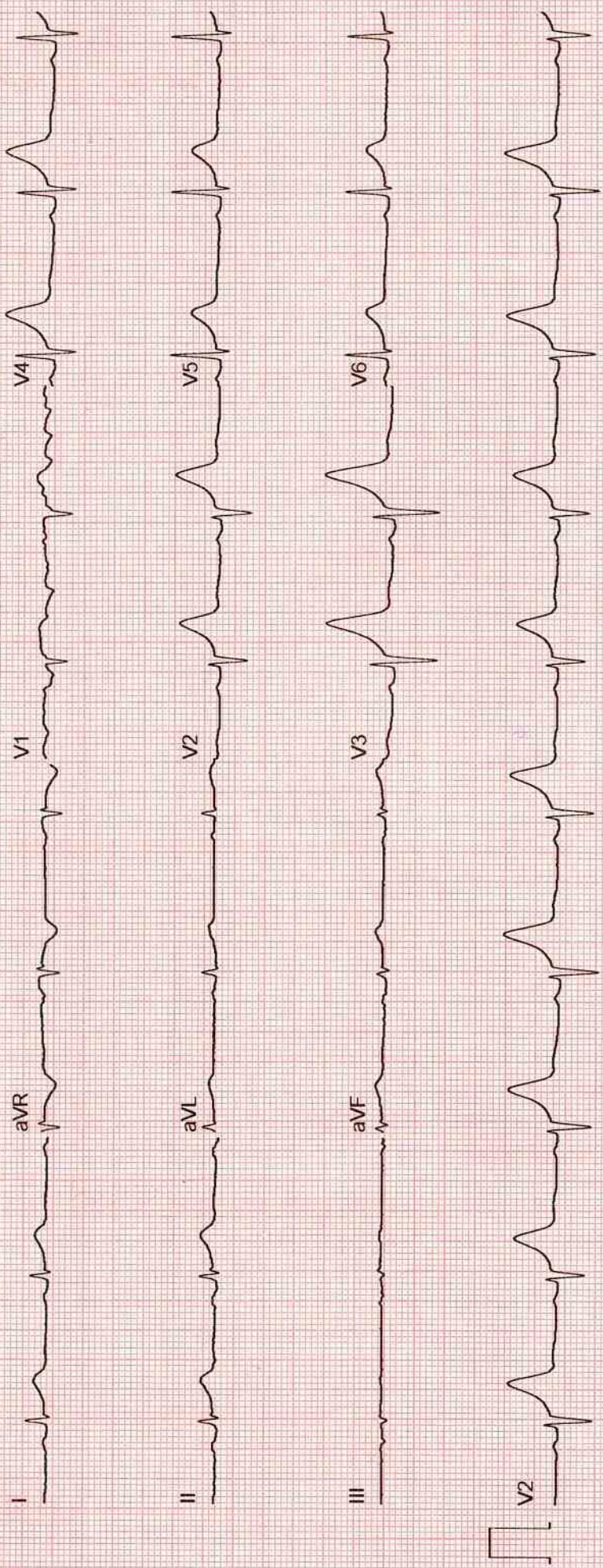


17.03.2024 9:03:24 AM
sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

58 bpm
- / - mmHg



Laboratory Report

Lab Serial no. : LSHHI278133	Mr. No : 113129
Patient Name : Mr. RAVISH KUMAR	Reg. Date & Time : 17-Mar-2024 03:05 AM
Age / Sex : 40 Yrs / M	Sample Receive Date : 17-Mar-2024 05:20 PM
Referred by : Dr. SELF	Result Entry Date : 18-Mar-2024 09:08AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 18-Mar-2024 09:08 AM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	13.7	gm/dL	12.0 - 17.0
TLC	5.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	67	%	40 - 70
Lymphocyte	27	%	20 - 40
Eosinophil	04	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.60	Thousand / UI	3.8 - 5.10
P.C.V	42.7	million/UI	00 - 40
M.C.V.	92.8	fL	78 - 100
M.C.H.	29.8	pg	27 - 31
M.C.H.C.	32.1	g/dl	32 - 36
Platelet Count	2.97	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



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

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

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HAEMATOLOGY

results	unit	reference
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ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	11	mm/1hr	00 - 22
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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]	99.64	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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esind

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BIOCHEMISTRY

	results	unit	reference
<u>BLOOD SUGAR (PP),Serum</u>			
SUGAR PP	93.8	mg/dl	80 - 140

Comments:

Accurate measurement if 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)	84.3	mg/dl	70 - 110
-----------------	------	-------	----------

Comments:

Accurate measurement if 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
LIPID PROFILE, Serum			
S. Cholesterol	217.0	mg/dl	< - 200
HDL Cholesterol	41.9	mg/dl	35.3 - 79.5
LDL Cholesterol	149.2	mg/dl	50 - 150
VLDL Cholesterol	25.9	mg/dl	00 - 40
Triglyceride	129.4	mg/dl	00 - 170
Chloestrol/HDL RATIO	5.2	%	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 :

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Page 1


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

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

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	31.9	mg/dL	18 - 55
Serum Creatinine	1.01	mg/dl	0.7 - 1.3
Uric Acid	5.4	mg/dl	3.5 - 7.2
Calcium	9.0	mg/dL	8.8 - 10.2
Sodium (Na+)	136.7	mEq/L	135 - 150
Potassium (K+)	4.22	mEq/L	3.5 - 5.0
Chloride (Cl)	106.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	14.90	mg/dL	7 - 18
PHOSPHORUS-Serum	3.45	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
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.84	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.28	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.56	mg/dL	0.2 - 1.2
SGOT/AST	15.8	IU/L	00 - 35
SGPT/ALT	12.0	IU/L	00 - 45
Alkaline Phosphate	49.0	U/L	53 - 128
Total Protein	7.56	g/dL	6.4 - 8.3
Serum Albumin	4.45	gm%	3.50 - 5.20
Globulin	3.11	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.43	%	

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





MR. RAVISH KUMAR

SJM SUPER SPECIALITY HOSPITAL

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

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

E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com



Laboratory Report

Lab Serial No.	: LSHHI278133	Reg. No.	: 113129
Patient Name	: MR. RAVISH KUMAR	Reg. Date & Time	: 17-Mar-2024 03:05 AM
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Referred By	: SELF	Sample Receiving Date	: 17-Mar-2024 05:20 PM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 18-Mar-2024 09:08 AM
OPD/IPD	: OPD		:

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Straw

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

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

3/18/2024

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

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

Visit ID : IQD89572	Registration	: 18/Mar/2024 10:13AM
UHID/MR No : IQD.0000087495	Collected	: 18/Mar/2024 10:15AM
Patient Name : Mr.RAVISH KUMAR	Received	: 18/Mar/2024 10:25AM
Age/Gender : 39 Y 0 M 0 D /M	Reported	: 18/Mar/2024 01:43PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240304413



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (FT3,FT4,TSH)				
Sample Type : SERUM				
FT3	3.98	pg/ml	2.30-4.20	CLIA
FT4	22.587	pmol/L	10.0-22.0	CLIA
TSH	3.08	uIU/mL	0.35-5.50	CLIA

INTERPRETATION:

-Measurement of Free T3 is often employed to help confirm a diagnosis of hypothyroidism where an elevated free or total T4 has been encountered.
 -Free thyroxine (FT4) is a better indicator of thyroid hormone action as it is not affected by changes in thyroxine binding globulin. In mild to moderate systemic illness, FT4 is generally normal or slightly raised and TSH is normal in patients without thyroid disease.
 -Low levels of thyroid hormones (FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness also.
 -Increased levels are found in Graves's disease, hyperthyroidism and thyroid hormone resistance.
 -TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

In Pregnancy, reference range for FT3 in pg/mL:
 First trimester- 2.11-3.83
 Second and Third trimester- 1.96-3.38

In Pregnancy, reference range for FT4 in ng/dL:
 First trimester- 0.7-2.0
 Second and Third trimester- 0.5-1.6
 (Pregnancy reference values as per American Thyroid Association)

NOTE:
 -TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and is at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

Note
Ultra-TSH-Reference range is 0.550 to 4.780 uIU/ml
TSH (total) - Reference range is 0.35 to 5.50 uIU/ml
These values may be compared accordingly

*** End Of Report ***



Dr. Ankita Singh
 MBBS, MD(Microbiology)



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



Ultrasound Report

Name: Mr. Ravish Kumar Age: 39y/M Date: 17/03/2024

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 concretion.**

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: - Left renal concretion.

Fatty liver grade 1.



DR. RAKESH GUJAR

For SJM Super Speciality Hospital

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

Doppler Velocities (cm / sec)

Observed values (cm)	Normal values (mm)
Aortic root diameter	2.8
Aortic valve Opening	15 - 26
Left Atrium size	3.1
End Diastole (cm)	End Systole (cm)
Left Ventricle size	4.0
Interventricular Septum	1.0
Posterior Wall thickened	1.0
LV Ejection Fraction (%)	55%

ECHO WINDOW: FAIR WINDOW

Name: Mr. Ravish Kumar Age/sex: 39Yrs/M Date: 17.03.2024

TRANSTHORASCIC ECHO-DOPPLER REPORT

Ultrasound Report

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

(125 Bedded Fully Equipped With Modern Facilities)

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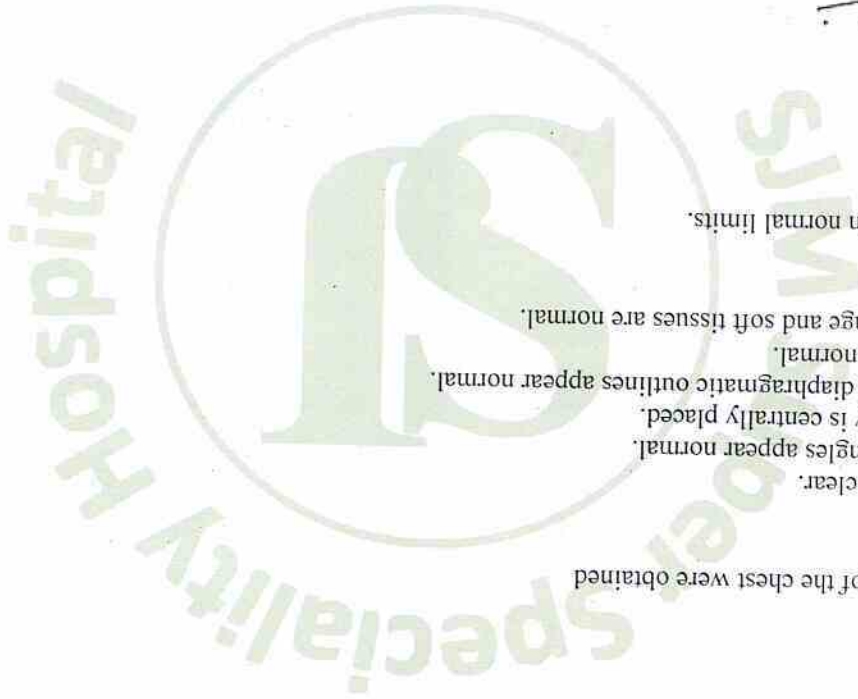


Dr Namrata Maske
17th Mar 2024

Dr Namrata Maske
Consultant Radiologist
MBBS, DMRE
Regn No: 2018/08/2919

Namrata

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:

EXAM: X RAY CHEST

RADIOLOGY REPORT

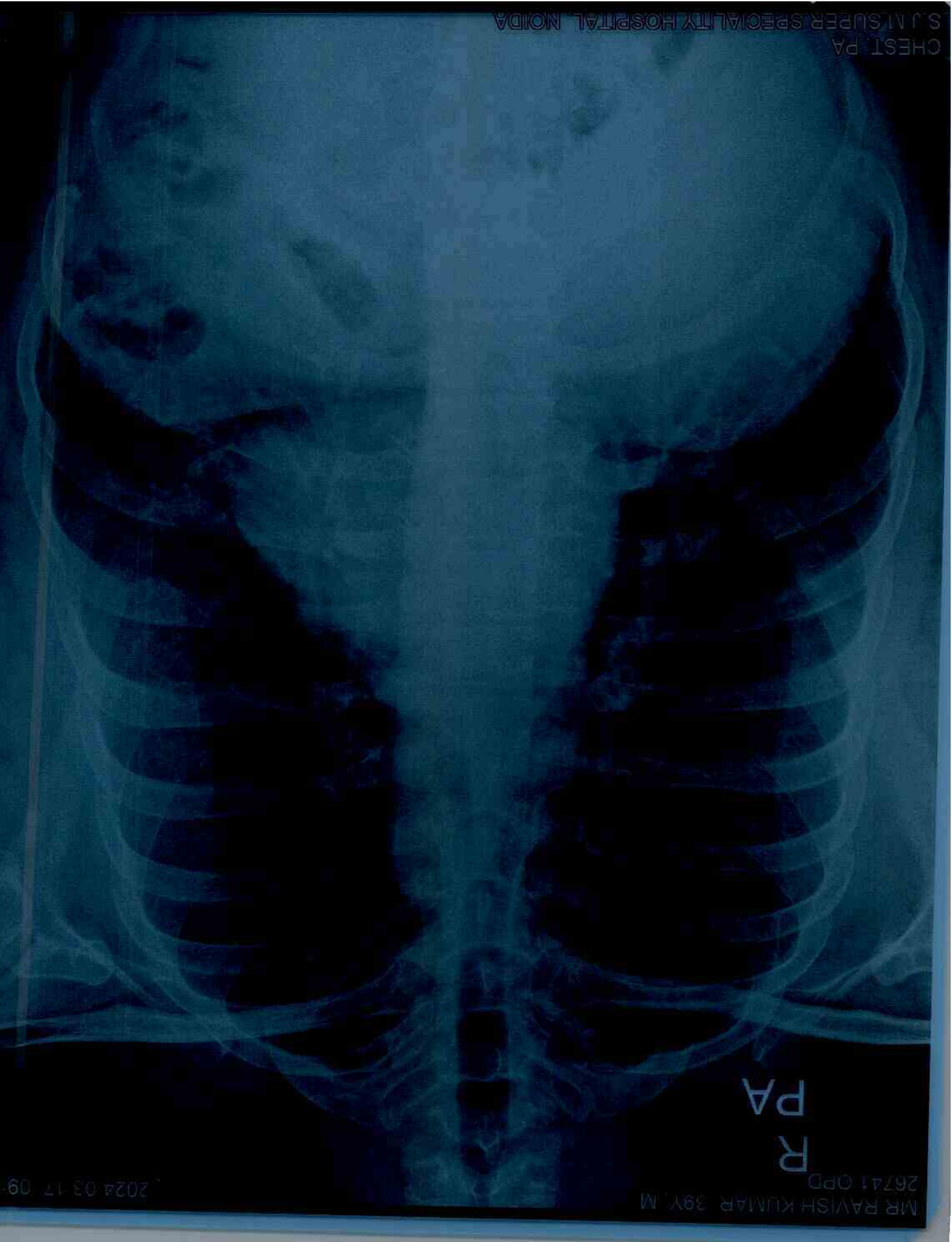
X-Ray Report

PATIENT ID :	26741 OPD	PATIENT NAME :	MR RAVISH KUMAR
AGE :	039Y	SEX :	Male
REF. PHY. :		STUDY DATE :	17-Mar-2024

Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

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CHEST PA

S. J. M. SUPER SPECIALITY HOSPITAL NOIDA

R
PA

MR RAVISH KUMAR 39Y, M
26741 OPD

2024 03 17 09