



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No.: 1335/97131/03268

To
सौरभ सक्सेना
Saurabh Saxena
Si/O. Pushkar Saxena
House No - 2660 Gali No - 17
Kailash Nagar
Kailash Nagar
Gandhi Nagar
Gandhi Nagar East Delhi
Delhi 110031
9871973597

27/11/2015
308652016



MA086520164FT



आपका आधार क्रमांक / Your Aadhaar No. :

5789 6923 6605

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India



सौरभ सक्सेना
Saurabh Saxena
जन्म तिथि / DOB : 27/11/1984
पुरुष / Male



5789 6923 6605

आधार - आम आदमी का अधिकार

Sonal
of Aug 2024
9871973597



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)



10/08/24

Age - 39y/m

(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.

Name - Saumabh

C/O. Ht complain of dirty teeth.

Cal ++
Stain ++

Adv. Ultrasonic scaling.

Adv. Sealing U/L

Adv. Warm saline rinses.

=> Colgate tooth relief

Dr. Neelesh

Kindly pay - Rs 1000/-

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., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG 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)

- Facilities:**
- 100 Beds. Private & Public wards
 - Inpatient & Outpatient - (OPD)Facilities
 - 24-Hour ambulance and emergency
 - 3 Operation theatres
 - Laparoscopic & 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
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 - Cafeteria & Kitchen



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7/10/24

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Mr. Saurabh Saxena

(40y/m)

V
C
R
6/12P
6/19P

- Has come for routine checkup

Acc < -1.50 DCX 10 -6/9⁺
 -1.00 DCX 170 -6/6_{N6}

(Blue cut lens) for constant wear

CBE

Lubex Eye Drops - 2 T/D

X 3 months



CGHS & AYUSHMAN BHARAT

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

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M saurabh saxena
ID: 0

07.08.2024 11:46:06 AM

sim hospital
sector 63
Gautam Budhha Nagar, UP-201307

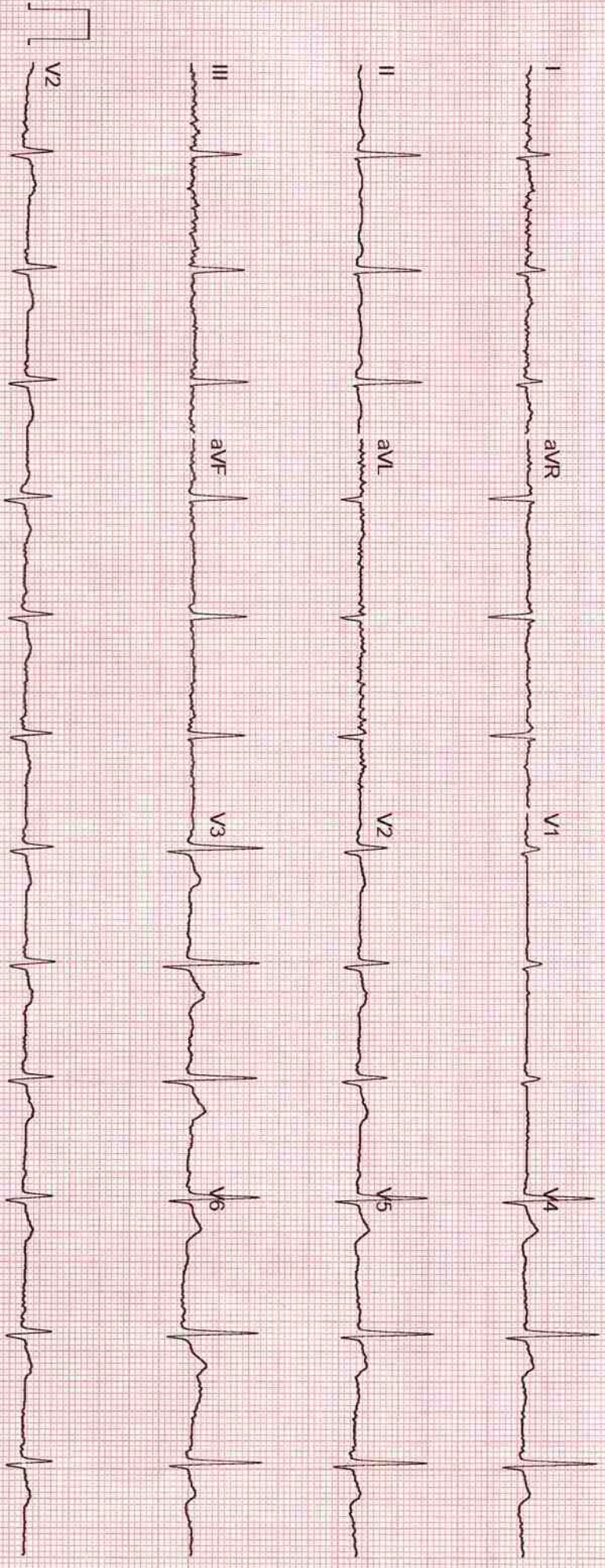
39 Years
Male

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS	78 ms
QT / QTcBaz	344 / 384 ms
PR	148 ms
P	124 ms
RR / PP	796 / 800 ms
P / QRS / T	76 / 82 / 30 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



75 bpm
- / - mmHg

Unconfirmed

Laboratory Report

Lab Serial no. : LSHHI295660	Mr. No : 119207
Patient Name : Mr. SAURABH SAXENA	Reg. Date & Time : 08-Aug-2024 12:07 PM
Age / Sex : 39 Yrs / M	Sample Receive Date : 08-Aug-2024 12:52 PM
Referred by : Dr. SELF	Result Entry Date : 09-Aug-2024 09:16AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 09-Aug-2024 09:17 AM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	14.5	gm/dL	12.0 - 17.0
TLC	4.71	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	54	%	40 - 70
Lymphocyte	38	%	20 - 40
Eosinophil	05	%	01 - 06
Monocyte	03	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.81	Thousand / UI	3.8 - 5.10
P.C.V	42.6	million/UI	00 - 40
M.C.V.	88.4	fL	78 - 100
M.C.H.	30.1	pg	27 - 31
M.C.H.C.	34.0	g/dl	32 - 36
Platelet Count	1.90	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
Dr. Rajeev Goel
 M.D. (Pathologist)
 36548 (MCI)

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

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
GGT / GAMMA GT			
GAMMA G.G.T.P	20.6	U/l	< - 55

Comment:-

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

LIPID PROFILE, Serum

S. Cholesterol	177.0	mg/dl	< - 200
HDL Cholesterol	28.1	mg/dl	35.3 - 79.5
LDL Cholesterol	132.2	mg/dl	50 - 150
VLDL Cholesterol	16.7	mg/dl	00 - 40
Triglyceride	83.4	mg/dl	00 - 170
Chloestrol/HDL RATIO	6.3	%	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.

technician :

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Page 1

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HAEMATOLOGY

results unit reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) 11 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 5.4 % 4.0 - 5.6

ESTIMATED AVERAGE GLUCOSE 108.6 mg/dl
eAG[Calculated]

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
KFT, Serum			
Blood Urea	21.4	mg/dL	18 - 55
Serum Creatinine	0.85	mg/dl	0.7 - 1.3
Uric Acid	5.1	mg/dl	3.5 - 7.2
Calcium	9.7	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	138.2	mEq/L	135 - 150
Potassium (K ⁺)	4.24	mEq/L	3.5 - 5.0
Chloride (Cl)	104.9	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	10.0	mg/dL	7 - 18
PHOSPHORUS-Serum	2.89	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.

Centre for Excellent Patient Care



technician :

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BIOCHEMISTRY

	results	unit	reference
<u>LIVER FUNCTION TEST, Serum</u>			
Bilirubin- Total	0.52	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.24	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.28	mg/dL	0.2 - 1.2
SGOT/AST	27.0	IU/L	00 - 35
SGPT/ALT	37.1	IU/L	00 - 45
Alkaline Phosphate	67.0	U/L	53 - 128
Total Protein	6.99	g/dL	6.4 - 8.3
Serum Albumin	4.16	gm%	3.50 - 5.20
Globulin	2.83	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.47	%	

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 :

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Page 1

Dr. Rajeev Goel
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36548 (MCI)

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(M.B.B.S., MD)
Pathologist & Microbiologist

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BIOCHEMISTRY

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

BLOOD SUGAR (PP), Serum

SUGAR PP	129.8	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)	92.8	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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Doctor Name : Dr. Vinod Bhat	ReportingTime : 09-Aug-2024 09:17 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>

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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

8/9/2024

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Pathologist & Microbiologist

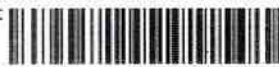
<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

Dr. Rajeev Goel

M.D. (Pathologist)

36548 (MCI)

Visit ID	: IQD130564	Registration	: 07/Aug/2024 11:56AM
UHID/MR No	: IQD.0000128304	Collected	: 07/Aug/2024 12:09PM
Patient Name	: Mr.SAURABH SAXENA	Received	: 07/Aug/2024 12:31PM
Age/Gender	: 39 Y 0 M 0 D /M	Reported	: 07/Aug/2024 01:08PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240802280



DEPARTMENT OF HORMONE ASSAYS

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

THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.12	ng/ml	0.61-1.81	CLIA
T4	8.26	ug/dl	5.01-12.45	CLIA
TSH	6.3	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. ADEN
MBBS, MD (Pathologist)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 1 of 3

Authenticity of report can be checked by Scanning QR Code

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

Visit ID	: IQD130564	Registration	: 07/Aug/2024 11:56AM
UHID/MR No	: IQD.0000128304	Collected	: 07/Aug/2024 12:09PM
Patient Name	: Mr.SAURABH SAXENA	Received	: 07/Aug/2024 12:31PM
Age/Gender	: 39 Y O M O D /M	Reported	: 07/Aug/2024 01:08PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240802280



DEPARTMENT OF HORMONE ASSAYS

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

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

NOTE: It is advisable to detect Free T3,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.

*** End Of Report ***



Dr.Ankita Singhal
MBBS, MD(Microbiology)




Dr. Prashant Singh
MBBS,MD (Pathology)



Page 2 of 2

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

Visit ID : IQD130564	Registration	: 07/Aug/2024 11:56AM
UHID/MR No : IQD.0000128304	Collected	: 07/Aug/2024 12:09PM
Patient Name : Mr.SAURABH SAXENA	Received	: 07/Aug/2024 12:31PM
Age/Gender : 39 Y O M O D /M	Reported	: 07/Aug/2024 01:08PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240802280



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.25	ng/mL	0-4	
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (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.ADEN
MBBS,MD (Pathologist)

Dr. Prashant Singh
MBBS,MD (Pathology)

Page 1 of 1

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. Saurabh saxena

Age: 39/M

Date: 07/08/2024

Ultrasound - Male Abdomen

Liver: Liver appears fatty degeneration of 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 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 size, shape and homogeneous echopattern. No focal mass lesion is seen in parenchyma.

KIDNEYS:-Both the kidneys 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 sides. **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: - Fatty liver grade 1.
Left renal concretion.



For SJM Super Specialty Hospital
DR. PUSHPA KAUL



Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Saurabh

Age /sex:39Yrs/M

Date:07/08/2024

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.3		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.5		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.1	2.4	(ED =39 -58)
Interventricular Septum	0.8		(ED = 6 -11)
Posterior Wall thickened	0.8		(ED = 6- 10)
LV Ejection Fraction (%)	60%		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



Ultrasound Report

Regurgitation: -

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

Final Interpretation: -

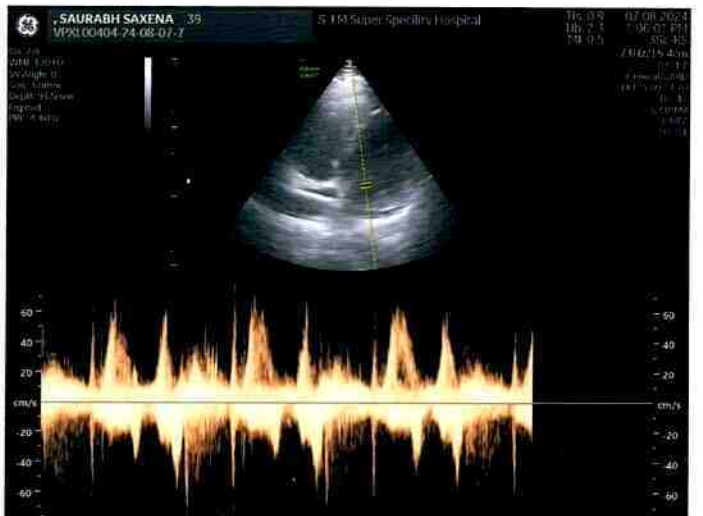
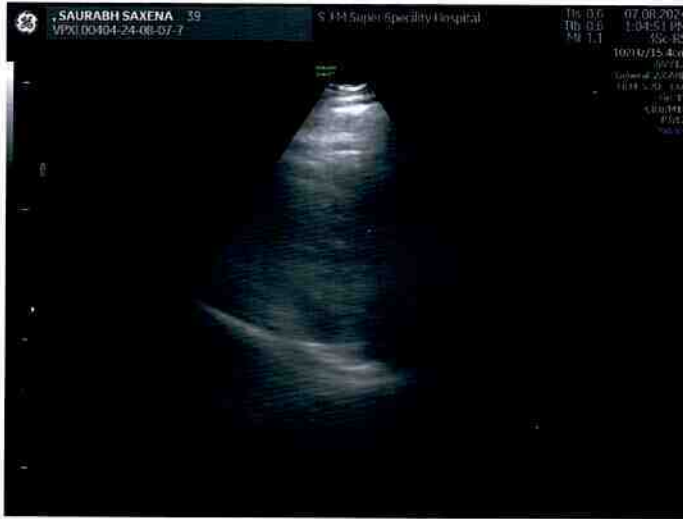
- 1.) NO LV HYPOKINESIA GLOBAL LVEF 60%
- 2.) No MR/ MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion


DR. AMIT KOTHARI

Non-Interventional Cardiologist.

Centre for Excellent Patient Care





X-Ray Report

PATIENT ID	: 29374 OPD	PATIENT NAME	: MR. SAURABH SAXENA
AGE	: 039Y	SEX	: Male
REF. PHY.	:	STUDY DATE	: 07-Aug-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

TECHNIQUE:

Frontal projections of the chest were obtained.

FINDINGS:

Mildly prominent bronchovascular markings in both lung fields.

Both costophrenic angles appear normal.

The tracheal lucency is centrally placed.

The mediastinal and diaphragmatic outlines appear normal.

The heart shadow is normal.

The bony thoracic cage and soft tissues are normal.

IMPRESSION:

- Mildly prominent bronchovascular markings in both lung fields.
Suggested clinical correlation.

V.S. Sai Naren

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

Dr Sai Naren
07th Aug 2024

Centre for Excellent Patient Care



R

PA

