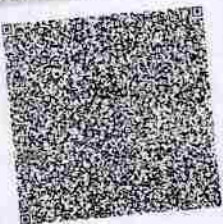


B.P - 140/90  
P - 70/m  
SpO2 - 99%  
Ht - 167cm  
wt - 72kg

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address: Manoj Gunwant, Flat number  
H-704 Pan Oasis, Sector 70, Pan Oasis,  
Noida, Noida, Gautam Buddha Nagar, Uttar  
Pradesh, 201301

Print Date: 01/06/2023



8918 5443 3209



1947 help@uidai.gov.in www.uidai.gov.in



भारत सरकार  
Government of India

Manoj Gunwant  
DOB: 13/03/1964  
Male

Issue Date: 06/07/2015



आधार पहचान का प्रमाण है, नागरिकता का नहीं।  
Aadhaar is a proof of identity, not of citizenship.

8918 5443 3209

मेरा आधार, मेरी पहचान

For Health checkup  
Manoj Gunwant  
9650170736  
21/3/24

Visit: cooperative  
60 Years

Male

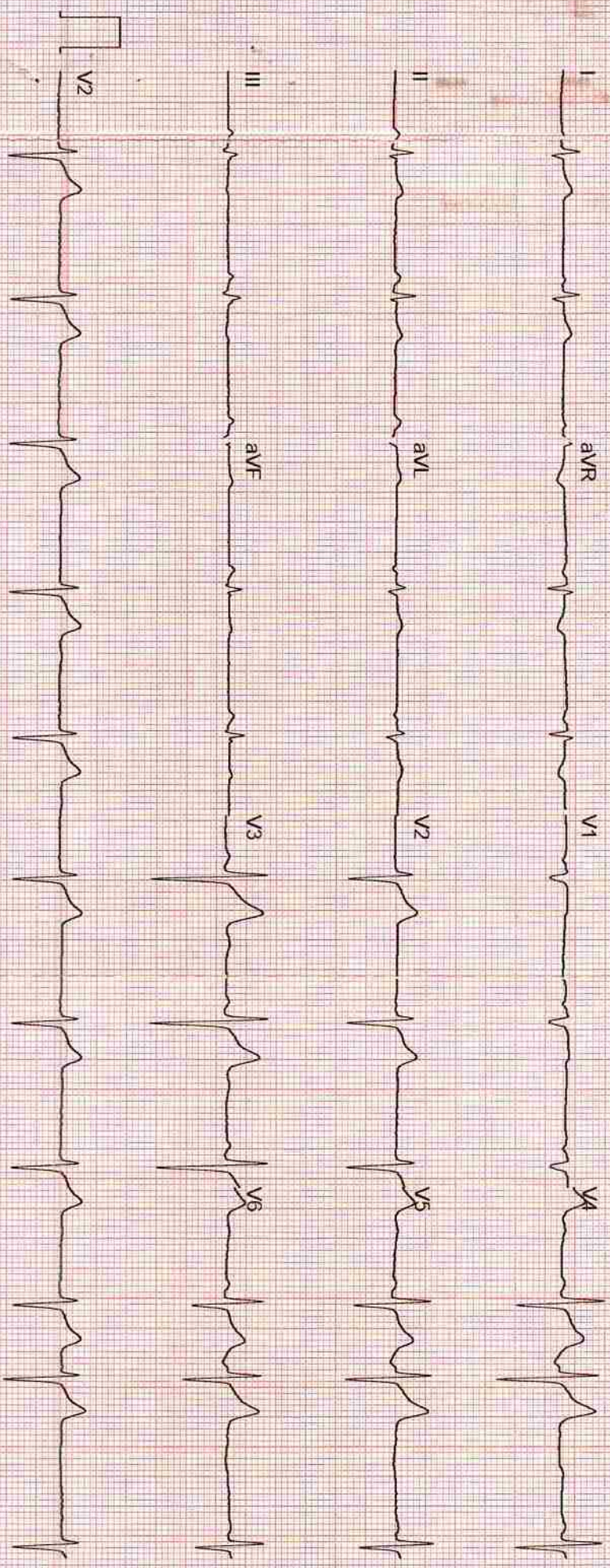
sim hospital  
sector 63  
Gautam Budhha Nagar, UP-201307

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

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 388 / 400 ms  
PR : 128 ms  
P : 92 ms  
RR / PP : 936 / 937 ms  
P / QRS / T : 70 / 61 / 33 degrees

Sinus rhythm with premature atrial complexes  
Otherwise normal ECG



Unconfirmed

CARDIARI

BPL - 02



# 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)



CBOS

21/3/21

### (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.

Mr. Manoj Cunnward (boy/M)

Vnigl 616  
616,  
N6

-H/O DM & HT  
XISyn

CSG

Signature

(B?)

Lubrex-As Eye Drops - 3TID  
X 3 months



Signature

## CGHS & AYUSHMAN BHARAT

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

**Panel:** Raksha TPA Pvt Ltd., Vipul Mod 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
  - 24-Hour Pharmacy
  - Cafeteria & Kitchen



Reg. No. C10 B013  
 Date 21-03-24  
 Name Mr Manoj  
 Age / Sex 60/4  
 Panel Name / Cash

UHID No. :  
 Doctor Name : Dr. Vinod Bhat  
 MBBS, MD  
 Regn. No.: 30989 (DMC)  
 Department of Medicine

**Chief Complamt & Present Illness**

**Past History**

Physically and mentally fit

**Treatment Advised**

**Provisional Diagnosis**

1

DM

**Allergies**

**General Examination**

Temp .....  
 Pulse .....  
 B.P. ....  
 R.R. ....  
 SPO2 .....

**Investigation**



**Nutritional Screening**

**Follow up**

**Signature of Doctor**  
 SJM/SSH/MED/OPD/07

## Laboratory Report

Lab Serial no. : LSHHI278457	Mr. No : 113258
Patient Name : Mr. MANOJ GUNWANT	Reg. Date & Time : 21-Mar-2024 09:52 AM
Age / Sex : 60 Yrs / M	Sample Receive Date : 21-Mar-2024 09:59 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 12:35PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:35 PM
OPD : OPD	

### HAEMATOLOGY

results                      unit                      reference

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	14.8	gm/dL	12.0 - 17.0
TLC	8.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	66	%	40 - 70
Lymphocyte	23	%	20 - 40
Eosinophil	<b>09</b>	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	<b>5.34</b>	Thousand / UI	3.8 - 5.10
P.C.V	<b>45.3</b>	million/UI	00 - 40
M.C.V.	84.8	fL	78 - 100
M.C.H.	27.7	pg	27 - 31
M.C.H.C.	32.7	g/dl	32 - 36
Platelet Count	2.23	Lacs/cumm	1.5 - 4.5

#### INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH



## Laboratory Report

Lab Serial no.	: LSHHI278457	Mr. No	: 113258
Patient Name	: Mr. MANOJ GUNWANT	Reg. Date & Time	: 21-Mar-2024 09:52 AM
Age / Sex	: 60 Yrs / M	Sample Receive Date	: 21-Mar-2024 09:59 AM
Referred by	: Dr. SELF	Result Entry Date	: 21-Mar-2024 12:35 PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 21-Mar-2024 12:35 PM
OPD	: OPD		

### HAEMATOTOLOGY

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

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	09	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	7.4	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE	165.68	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 a year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal



technician :

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## Laboratory Report

Lab Serial no. : LSHHI278457	Mr. No : 113258
Patient Name : Mr. MANOJ GUNWANT	Reg. Date & Time : 21-Mar-2024 09:52 AM
Age / Sex : 60 Yrs / M	Sample Receive Date : 21-Mar-2024 09:59 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 12:35PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:35 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	40.1	mg/dL	18 - 55
Serum Creatinine	0.98	mg/dl	0.7 - 1.3
Uric Acid	6.8	mg/dl	3.5 - 7.2
Calcium	9.2	mg/dL	8.8 - 10.2
Sodium (Na+)	<b>134.6</b>	mEq/L	135 - 150
Potassium (K+)	4.52	mEq/L	3.5 - 5.0
Chloride (Cl)	105.9	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	<b>18.74</b>	mg/dL	7 - 18
PHOSPHORUS-Serum	3.12	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.



technician :

Typed By : Mr. BIRJESH

## Laboratory Report

Lab Serial no. : LSHHI278457	Mr. No : 113258
Patient Name : Mr. MANOJ GUNWANT	Reg. Date & Time : 21-Mar-2024 09:52 AM
Age / Sex : 60 Yrs / M	Sample Receive Date : 21-Mar-2024 09:59 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 12:35PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:35 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST,Serum</b>			
Bilirubin- Total	0.98	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.37</b>	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.61	mg/dL	0.2 - 1.2
SGOT/AST	28.3	IU/L	00 - 35
SGPT/ALT	33.1	IU/L	00 - 45
Alkaline Phosphate	73.0	U/L	53 - 128
Total Protein	7.20	g/dL	6.4 - 8.3
Serum Albumin	4.27	gm%	3.50 - 5.20
Globulin	2.93	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.46	%	

#### 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. : LSHHI278457	Mr. No : 113258
Patient Name : Mr. MANOJ GUNWANT	Reg. Date & Time : 21-Mar-2024 09:52 AM
Age / Sex : 60 Yrs / M	Sample Receive Date : 21-Mar-2024 09:59 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 12:35PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:35 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	122.0	mg/dl	< - 200
HDL Cholesterol	39.0	mg/dl	35.3 - 79.5
LDL Cholesterol	59.2	mg/dl	50 - 150
VLDL Cholesterol	23.8	mg/dl	00 - 40
Triglyceride	119.2	mg/dl	00 - 170
Cholestrol/HDL RATIO	<b>3.1</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

## Laboratory Report

Lab Serial no.	: LSHHI278457	Mr. No	: 113258
Patient Name	: Mr. MANOJ GUNWANT	Reg. Date & Time	: 21-Mar-2024 09:52 AM
Age / Sex	: 60 Yrs / M	Sample Receive Date	: 21-Mar-2024 09:59 AM
Referred by	: Dr. SELF	Result Entry Date	: 21-Mar-2024 12:35PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 21-Mar-2024 12:35 PM
OPD	: OPD		

### BIOCHEMISTRY

	results	unit	reference
<b><u>BLOOD SUGAR F, Sodium Fluoride Pla</u></b>			
Blood Sugar (F)	<b>162.0</b>	mg/dl	70 - 110

**Comments:**

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.



technician :

Typed By : Mr. BIRJESH

## Laboratory Report

Lab Serial no. : LSHHI278457	Mr. No : 113258
Patient Name : Mr. MANOJ GUNWANT	Reg. Date & Time : 21-Mar-2024 09:52 AM
Age / Sex : 60 Yrs / M	Sample Receive Date : 21-Mar-2024 10:04 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 07:31PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:35 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>BLOOD SUGAR (PP),Serum</b>			
SUGAR PP	<b>265.8</b>	mg/dl	80 - 140

**Comments:**

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

**METHOD:- GOD-POD METHOD, END POINT**



technician :

Typed By : Mr. BIRJESH

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. : LSHHI278457  
Patient Name : MR. MANOJ GUNWANT  
Age/Sex : 60 Yrs /M  
Referred By : SELF  
Doctor Name : Dr. Vinod Bhat  
OPD/IPD : OPD  
Reg. No. : 113258  
Reg. Date & Time : 21-Mar-2024 09:52 AM  
Sample Collection Date : 21-Mar-2024 09:59 AM  
Sample Receiving Date : 21-Mar-2024 09:59 AM  
ReportingTime : 21-Mar-2024 12:35 PM

### 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.

### URINE SUGAR (FBS)

### CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

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

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

3/21/2024  
**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist



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## Laboratory Report

Lab Serial No.	: LSHHI278457	Reg. No.	: 113258
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Age/Sex	: 60 Yrs /M	Sample Collection Date	: 21-Mar-2024 09:59 AM
Referred By	: SELF	Sample Receiving Date	: 21-Mar-2024 09:59 AM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 21-Mar-2024 12:35 PM
OPD/IPD	: OPD		

### URINE SUGAR (PPBS)

#### CHEMICAL EXAMINATION

Glucose : **Trace**


Mr. BIRJESH

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

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

3/21/2024  
**Dr. Bupinder Zutsh**  
(M.B.B.S., ME)  
Pathologist & Micrbiologi

<b>Visit ID</b> : IQD00695	<b>Registration</b> : 21/Mar/2024 02:04PM
<b>UHID/MR No</b> : IQD.0000088617	<b>Collected</b> : 21/Mar/2024 02:01PM
<b>Patient Name</b> : Mr.MANOJ GUNWANT	<b>Received</b> : 21/Mar/2024 02:12PM
<b>Age/Gender</b> : 60 Y O M O D /M	<b>Reported</b> : 21/Mar/2024 02:54PM
<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> : 240305530



**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	2.44	ng/mL	0-4	CLIA

**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. Anil Rathore  
MBBS, MD(Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

Page 1 of 1

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<b>Visit ID</b> : IQD90695	<b>Registration</b> : 21/Mar/2024 02:04PM
<b>UHID/MR No</b> : IQD.0000088617	<b>Collected</b> : 21/Mar/2024 02:01PM
<b>Patient Name</b> : Mr.MANOJ GUNWANT	<b>Received</b> : 21/Mar/2024 02:12PM
<b>Age/Gender</b> : 60 Y O M O D /M	<b>Reported</b> : 21/Mar/2024 02:54PM
<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> : 240305530



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (T3,T4,TSH)</b>				
<b>Sample Type : SERUM</b>				
T3	1.01	ng/ml	0.61-1.81	CLIA
T4	7.7	ug/dl	5.01-12.45	CLIA
TSH	3.98	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  
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Dr. Anil Rathore  
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Dr. Prashant Singh  
MBBS, MD (Pathology)

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Test Performed at IQ Diagnostics BLK-003/004, Sector 122, Noida - 201301



<b>Visit ID</b> : IQD98695	Registration	: 21/Mar/2024 02:04PM
UHID/MR No : IQD.0000088617	Collected	: 21/Mar/2024 02:01PM
<b>Patient Name</b> : Mr.MANOJ GUNWANT	Received	: 21/Mar/2024 02:12PM
Age/Gender : 60 Y O M O D /M	Reported	: 21/Mar/2024 02:54PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPÉCIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240305530



### 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  
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Dr. Prashant Singh  
MBBS, MD (Pathology)

Page 2 of 2



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S J S SUPER SPECIALITY HOSPITAL  
NOIDA

## Ultrasound Report

Name: Mr. Manoj Gunwant      Age: 60y/M      Date: 21/03/2024

### 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 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.

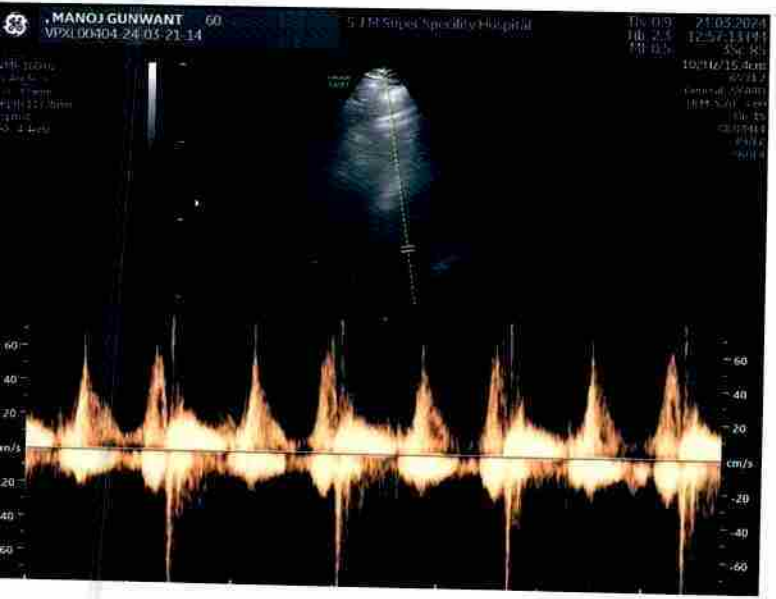
IMPRESSION: - Fatty liver grade 1.

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR



## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

<b>Name: Mr. Manoj Gunwant</b>	<b>Age /sex:60Yrs/M</b>	<b>Date:21/03/2024</b>
<b>ECHO WINDOW: FAIR WINDOW</b>		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.4		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.8		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.3	2.4	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(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 HYPOKINASIA GLOBAL LVEF 60%
- 2.) NO MR NO MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.





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Centre for Excellent Patient Care

PATIENT ID	: 26801 OPD	<b>X-Ray Report</b>	PATIENT NAME	: MR MANOJ GUNWANT
AGE	: 060Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 21-Mar-2024

## RADIOLOGY REPORT

EXAM: X RAY CHEST

### TECHNIQUE:

Frontal projections of the chest were obtained

### FINDINGS:

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

### IMPRESSION:

- The study is within normal limits.

*V.S. Sai Naren*

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

Dr Sai Naren  
21st Mar 2024

Centre for Excellent Patient Care



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