

W - 70 Kg
H - 166 cm
P - 60
S - 99
B.P - 107/69

(BMI) (25.4) overweight (+1.2 kg)

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
एस/ओ भगवती प्रसाद बागरिया, फ्लैट नं 11171 फ्लोर
17 टावर 11 एटीएस प्रेस्टिन, पुरता मार्ग, विभाग 150,
नोएडा, गौतम बुद्ध नगर,
उत्तर प्रदेश - 201301

Address:
S/O BHAGWATI PRASAD BAGARIA, FLAT NO
11171 FLOOR 17 TOWER 11 ATS PRESTINE,
PUSHTA ROAD, SECTOR 150 Noida, Gautam
Buddha Nagar, Uttar Pradesh - 201301

7811 0543 9279
VID : 9175 0039 2999 7748

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

हरि बगडीया
3/3/24 9818963699

भारत सरकार
GOVERNMENT OF INDIA

हरि बगडीया
Harsh Bagaria
जन्म तिथि / DOB: 05/03/1985
पुरुष / MALE
Mobile No.: 9818963699

7811 0543 9279
VID : 9175 0039 2999 7748

मेरा आधार, मेरी पहचान

SJM SUPER SPECIALITY HOSPITAL
NOIDA

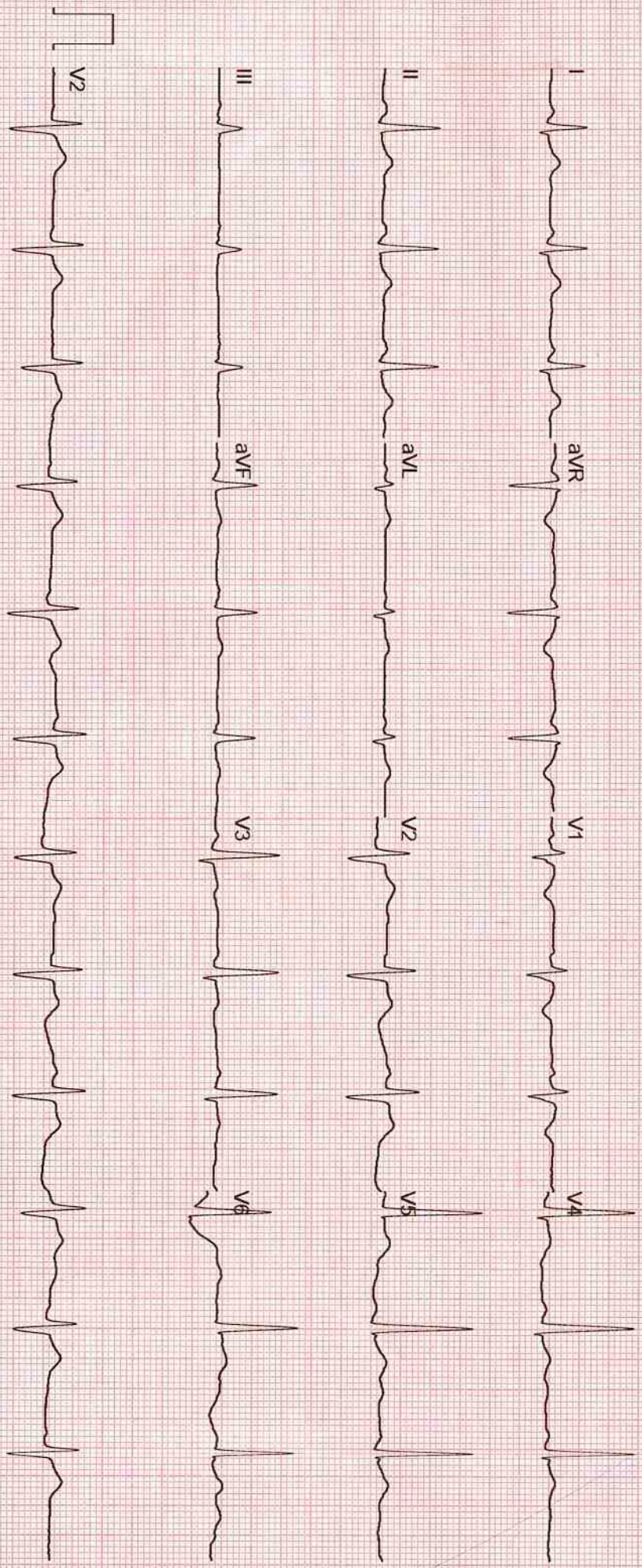
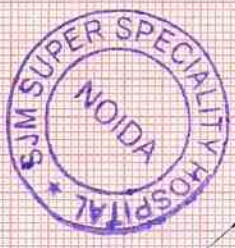
39 Years
Male

QRS : 92 ms
QT / QTcbaz : 386 / 428 ms
PR : 136 ms
P : 118 ms
RR / PP : 806 / 810 ms
P / QRS / T : 35 / 57 / 32 degrees

Normal sinus rhythm
Normal ECG

Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:





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)

4/7/24

(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.

Facilities:

100 Beds. Private & Public wards
Inpatient & Outpatient - (OPD)Facilities
24-Hour ambulance and emergency
3 Operation theatres
Laprosopic & Conventional Surgery
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Intensive Care Unit. (ICU)
Neonatal ICUs (NICU)
Dental Clinic
Computerized pathology lab
Digital X-ray and ultrasound
Physiotherapy facilities
24-Hour Pharmacy
Cafeteria & Kitchen

Mr. Harsh (39y/M)

Vn { b1b, b1b,

— No complaints.

Handwritten signature/initials.

Eye Drops - 2TID

X
2ms



CGHS & AYUSHMAN BHARAT

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

Panelis: 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)



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M.B.B.S, MD(Obst. & Gynae)
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Neonatal ICUs (NICU)
Dental Clinic
Computerized pathology lab
Digital X-ray and ultrasound
Physiotherapy facilities
24-Hour Pharmacy
Cafeteria & Kitchen

Mr. - Harsh Bagaria Age 39/Male

Mr. Harsh Bagaria age 39/male
No active complaints. Mentally
& physically fit.



CGHS & AYUSHMAN BHARAT

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

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Laboratory Report

Lab Serial no.	: LSHHI291092	Mr. No	: 117595
Patient Name	: Mr. HARSH BAGARIA	Reg. Date & Time	: 04-Jul-2024 09:55 AM
Age / Sex	: 39 Yrs / M	Sample Receive Date	: 04-Jul-2024 10:08 AM
Referred by	: Dr. SELF	Result Entry Date	: 04-Jul-2024 01:15 PM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 04-Jul-2024 01:15 PM
OPD	: OPD		

HAEMATOLOGY

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

CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	15.1	gm/dL	12.0 - 17.0
TLC	5.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	59	%	40 - 70
Lymphocyte	34	%	20 - 40
Eosinophil	05	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.05	Thousand / UI	3.8 - 5.10
P.C.V	44.4	million/UI	00 - 40
M.C.V.	87.9	fL	78 - 100
M.C.H.	29.9	pg	27 - 31
M.C.H.C.	34.0	g/dl	32 - 36
Platelet Count	2.81	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 disorders or cancer.

technician :

Typed By : Mr. BIRJESH



Page 4


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

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

Laboratory Report

Lab Serial no. : LSHHI291092	Mr. No : 117595
Patient Name : Mr. HARSH BAGARIA	Reg. Date & Time : 04-Jul-2024 09:35 AM
Age / Sex : 39 Yrs / M	Sample Receive Date : 04-Jul-2024 10:08 /
Referred by : Dr. SELF	Result Entry Date : 04-Jul-2024 01:15 PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 04-Jul-2024 01:15 PM
OPD : OPD	

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 number may also affect the ESR.

BIOCHEMISTRY

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

HbA1C / GLYCATED HEMOGLOBIN / GHb

Hb A1C	5.4	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	108.28	mg/dl	

INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CONTROL	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 :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial no.	: LSHHI291092	Mr. No	: 117595
Patient Name	: Mr. HARSH BAGARIA	Reg. Date & Time	: 04-Jul-2024 09:55 AM
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Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 04-Jul-2024 01:15 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	24.3	mg/dL	18 - 55
Serum Creatinine	0.77	mg/dl	0.7 - 1.3
Uric Acid	6.0	mg/dl	3.5 - 7.2
Calcium	9.9	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	139.0	mEq/L	135 - 150
Potassium (K ⁺)	4.35	mEq/L	3.5 - 5.0
Chloride (Cl)	103.1	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.36	mg/dL	7 - 18
PHOSPHORUS-Serum	4.52	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.

BLOOD SUGAR (PP),Serum

SUGAR PP	86.9	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



Laboratory Report

Lab Serial no.	: LSHHI291092	Mr. No	: 117595
Patient Name	: Mr. HARSH BAGARIA	Reg. Date & Time	: 04-Jul-2024 09:55 AM
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Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 04-Jul-2024 01:15 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	241.0	mg/dl	< - 200
HDL Cholesterol	32.8	mg/dl	35.3 - 79.5
LDL Cholesterol	183.3	mg/dl	50 - 150
VLDL Cholesterol	24.9	mg/dl	00 - 40
Triglyceride	124.5	mg/dl	00 - 170
Cholesterol/HDL RATIO	7.3	%	3.30 - 4.40

INTERPRETATION:

Lipid profile Of lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	83.3	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.	: LSHHI291092	Mr. No	: 117595
Patient Name	: Mr. HARSH BAGARIA	Reg. Date & Time	: 04-Jul-2024 09:55 AM
Age / Sex	: 39 Yrs / M	Sample Receive Date	: 04-Jul-2024 10:00 AM
Referred by	: Dr. SELF	Result Entry Date	: 04-Jul-2024 04:15 PM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 04-Jul-2024 04:15 PM
OPD	: OPD		

BIOCHEMISTRY

results unit reference

LIVER FUNCTION TEST, Serum

Bilirubin- Total	0.99	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.47	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.52	mg/dL	0.2 - 1.2
SGOT/AST	24.1	IU/L	00 - 35
SGPT/ALT	19.1	IU/L	00 - 45
Alkaline Phosphate	123.0	U/L	53 - 128
Total Protein	6.80	g/dL	6.4 - 8.3
Serum Albumin	4.35	gm%	3.50 - 5.20
Globulin	2.45	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.78	%	

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



Page 1


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

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

Laboratory Report

Lab Serial No.	: LSHHI291092	Reg. No.	: 117595
Patient Name	: MR. HARSH BAGARIA	Reg. Date & Time	: 04-Jul-2024 09:55 AM
Age/Sex	: 39 Yrs /M	Sample Collection Date	: 04-Jul-2024 10:08 AM
Referred By	: SELF	Sample Receiving Date	: 04-Jul-2024 10:08 AM
Doctor Name	: Dr. AMIT KOTHARI	ReportingTime	: 04-Jul-2024 01:15 PM
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

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

Dr. Rajeev Goel

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

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

7/4/2024

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



Immuno Diagnostics Pvt. Ltd.

Leading Immuno Assays Laboratory of Northern India

ISO 9001:2015 CERTIFIED LABORATORY

CIN No. U74899DL1979PTC009991



Reference No.	: - 2407006908	Age/Gender	: 39 Yrs/Male
Pt's Name	: Mr. HARSH		MJT-SJM
Referred By	: NA		
Sample Collection Date/Time	: 04-Jul-2024	Date	:04-Jul-2024
Sample Receiving Date/Time	: 04-Jul-2024 01:54PM	Approved Date	:04-Jul-2024 03:43PM
Sample From	: SJM SUPER SPECIALITY HOSPITAL	Report Print Time	:05-Jul-2024 09:04AM

IMMUNOASSAY

Test Description	Observed Value	Biological Reference Interval
TSH FT3 FT4		
3rd Gen. (TSH Ultrasensitive),Serum Chemiluminescence Immuno Assay	1.86	0.35-5.50 uIU/mL
Free Triiodothyronine (FT3), Serum Chemiluminescence Immuno Assay	4.12	1.4-4.40 pg/mL
Free Thyroxine (FT4), Serum Chemiluminescence Immuno Assay	1.29	0.7-1.70 ng/dL

Method : Chemiluminescence Immuno Assays (CLIA)

In Pregnancy:

LEVEL	TOTAL T3	TOTAL T4	TSH	FT3	FT4
Ist Trimester	81 - 190	6.6 - 12.4	0.1 - 2.5	2.11 - 3.83	0.70 - 2.50
IInd Trimester	100 - 260	6.6 - 15.5	0.2 - 3.0	1.96 - 3.38	0.20 - 3.00
IIIRD Trimester	100 - 260	6.6 - 15.5	0.3 - 3.0	1.96 - 3.38	0.30 - 3.00

COMMENT:

The levels of thyroid hormone (T3 & T4) are low in case of primary, secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness also. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

Laboratory is NABL Accredited

*** End Of Report ***

Dr. Nidhi Vachher
M.B.B.S. M.D.(Pathology)
Hony Consultant Pathologist

Dr. Ajay Kumar
Ph.D (BARC)
Thyroid Physiologist

Dr. Rohini Bhatia
M.B.B.S. M.D.(Pathology)
Hony Consultant Pathologist

Dr. Malti Goyal
M.B.B.S. M.D. (Pathology)
Hony Consultant Pathologist

This test is done by Immuno Diagnostics Pvt Ltd

Page 1 of 1

B-17, Okhla Phase-II, Industrial Area, New Delhi-110020

All results should be co-related clinically; if results are alarming or unexpected, contact the laboratory immediately. Not valid for Medico-Legal. Result pertain to the specimen submitted.

Ultrasound Report

Name: MR.Harsh

Age:39yrs/M

Date: 03/07/2024

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 calculi 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.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL





Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mr. Harsh** Age /sex:**39Yrs/M** Date:**04/07/2024**

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.9		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.7		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.3	2.6	(ED =39 -58)
Interventricular Septum	0.7		(ED = 6 -11)
Posterior Wall thickened	0.7		(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 1/2 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	





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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.



Centre for Excellent Patient Care





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Centre for Excellent Patient Care

PATIENT ID	: 28793 OPD	X-Ray Report	PATIENT NAME	: MR HARSH BAGARIA
AGE	: 039Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 04-Jul-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY: NA

COMPARISON:

None.

TECHNIQUE:

Frontal projections of the chest were obtained.

FINDINGS:

Bilateral bulky hila seen (right > left).

Prominent bronchovascular markings seen 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:

Bilateral bulky hila seen (right > left).

Prominent bronchovascular markings seen in both lung fields.

Dr Sonam Kagde
Consultant Radiologist
MBBS, DMRE
Regn No: 2017/09/4619



Dr Sonam Kagde
04th Jul 2024

R
PA

